

Nebraska Department of Health and Human Services (DHHS)  
Division of Public Health  
**Request for Applications**

**Submit original + 3 copies to:**  
Rayma Delaney  
Lifespan Health Services  
DHHS  
301 Centennial Mall South  
PO Box 95026  
Lincoln NE 68509-5026

## Application Cover Sheet

RFA #	RELEASE DATE
RFA 13548-Y3	May 31, 2012
APPLICATION DEADLINE	POINT OF CONTACT
July 18, 2012, 5:00 p.m.	Rayma Delaney

This form is part of the specification package and must be signed and returned, along with application materials, by the application deadline.

### PLEASE READ CAREFULLY!

#### PURPOSE, PROJECT PERIOD and FUNDING SOURCE

Nebraska Department of Health and Human Services (DHHS), Division of Public Health, Lifespan Health Services, is issuing this Request for Applications (RFA), RFA # 13548-Y3 for the purpose of selecting qualified Subrecipients for Nebraska's Maternal and Child Health.

**Funding Source:** Title V / Maternal & Child Health Services (MCH) Block Grant Program  
U.S. Department of Health and Human Services (HHS)  
Health Resources and Services Administration (HRSA)  
Maternal and Child Health Bureau (MCHB)  
CFDA #93.994 awarded to Nebraska Department of Health and Human Services (DHHS)

**Pass through:** Nebraska Department of Health and Human Services (DHHS)  
Division of Public Health

**Project Period:** October 1, 2012 through September 30, 2014

**Electronic RFA:** [http://dhhs.ne.gov/Pages/grants\\_loans.aspx](http://dhhs.ne.gov/Pages/grants_loans.aspx)

**Issuing Office:** Lifespan Health Services  
Nebraska Department of Health and Human Services, Division of Public Health  
301 Centennial Mall South, PO Box 95026  
Lincoln NE 68509-5026  
[rayma.delaney@nebraska.gov](mailto:rayma.delaney@nebraska.gov)  
(402) 471-2907 – local; (800) 801-1122 -- toll free

#### APPLICANT MUST COMPLETE THE FOLLOWING

By signing this Application Cover Sheet, the Applicant guarantees compliance with the provisions stated in this Request for Application, the terms and conditions, and performance of the project as described in the approved application.

ORGANIZATION: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TYPED NAME & TITLE OF SIGNER: \_\_\_\_\_

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# Section 1 - Purpose and Scope of the Request

## 1.01 Overview

This Request for Applications (RFA) seeks subgrant applications to assist the Nebraska Department Health & Human Services (DHHS) in selecting the most qualified entities to address community-level needs that align with one or more of Nebraska's current priorities for maternal and child health (including children with special health care needs). Interested organizations should carefully review this RFA for applicant eligibility and funding criteria. DHHS determines funding priorities for the Block Grant based on a comprehensive needs assessment, the most recent completed in 2010, federal requirements, public input, and emerging issues.

This document provides the guidance for eligible entities to prepare and submit an application for federal financial assistance. The successful applicants will be subrecipients, not vendors, and must comply with federal laws and regulations governing grants administration and costs, and requirements of Title V / Maternal and Child Health (MCH) Services Block Grant as authorized under Title V of the Social Act of 1935 and amended by the Omnibus Budget Reconciliation Act (OBRA) of 1981 and OBRA 1989. This includes requirements that States conduct activities to **“improve the health of all mothers and children”** consistent with health status measures and measurable objectives for program efforts as well as to report progress on key maternal and child health indicators. The federal requirement to serve all mothers and children emphasizes that there are no eligibility requirements established at the federal level to qualify for services paid by Title V / MCH Block Grant. For more information regarding the authorizing legislation (codified at 42 USC 701 through 709) visit [http://www.ssa.gov/OP\\_Home/ssact/title05/0501.htm](http://www.ssa.gov/OP_Home/ssact/title05/0501.htm). To learn more about the Title V / MCH Block Grant program and other MCH topics, visit <http://mchb.hrsa.gov/>.

### 1.01.1 Subgrant award period

DHHS seeks applications for projects for the two-year period October 1, 2012 through September 30, 2014. The project period is divided by fiscal years as referenced below:

Year 1 / Fiscal Year (FY) 2013	October 1, 2012 – September 30, 2013
Year 2 / Fiscal Year (FY) 2014	October 1, 2013 – September 30, 2014.

An initial award will be issued for federal FY 2013. Subject to review of Subrecipient performance and compliance with the terms and conditions of the award, and availability of funds, a one-year, non-competing award will be made for FY 2014. Awards made for the initial and subsequent period are dependent on the availability of federal funds. The issuance of this RFA in no way constitutes a commitment by DHHS to award any subgrants or at the funding level projected in this RFA.

### 1.01.2 Types of Projects

Applicants are advised to carefully review and consider the purpose of this RFA and the types of projects/services being sought. For details and examples see subsection 2.02 Description of Work and Services. DHHS reserves the right to conduct negotiations with Applicants whose applications score and rank high in the applicant pool based on the merits, but may not

fully meet the intent of the RFA. Any negotiations will be for the purpose to improve upon adequate applications.

### 1.01.3 Eligible Applicants

Applicants under this RFA must be a Nebraska-based private non-profit or a public entity. This includes, but is not limited to: local governments; Tribal governments; institutions of higher education; community-based agencies; and religious organizations. An applicant that is not a public entity or faith-based organization must submit with the application proof of non-profit status. Any of the following is acceptable evidence of nonprofit status:

- a. a reference to the Applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code;
- b. a copy of a currently valid IRS tax exemption certificate;
- c. a statement from a State taxing body, State Attorney General, or other appropriate State Official certifying that the applicant organization has a non-profit status and that none of the net earnings accrue to any private shareholders or individuals;
- d. a certified copy of the organization's certificate of incorporation or similar document that clearly establishes nonprofit status;
- e. any of the above proof for a State or national parent organization and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

The four federally-recognized tribes headquartered in Nebraska may also apply under a separate non-competitive RFA for Tribal setaside funding. Tribes cannot submit the same application under both RFAs. A non-profit Applicant proposing to conduct activities or services on a reservation or federally-recognized Tribal land must include a letter of support from the applicable Tribal Council.

### 1.01.4 Available Funds

DHHS seeks applications for projects for the two-year period October 1, 2012 – September 30, 2014. The project period is divided by fiscal years as referenced below:

Year 1 / Fiscal Year 2013	October 1, 2012 – September 30, 2013
Year 2 / Fiscal Year 2014	October 1, 2013 – September 30, 2014

**The total funding available for Year 1 is projected to be \$ 800,000.** DHHS's preliminary projection for Year 2 funding is level or decreased funds. An Applicant's decreasing budget for the succeeding year relates to the anticipation of program income, if applicable, and/or other support. Both factors should relate to the Applicant's plans for sustainability.

The nature of non-categorical grants makes it difficult to project the total number and dollar amount of awards because of the variance in scope of work and the geographic area of the proposed activities. **The funding level per project is capped at \$150,000 per year.** DHHS

reserves the right to award based on the combination of applications that best address the purpose of this RFA.

### **1.01.5 Matching and Program Income**

Applicants, if awarded, will be required to match at least 20% of the total project cost. For example, a minimum of \$10,000 matching will be required for a total project cost of \$50,000. This local support is included with State funds to meet DHHS's match requirement of three dollars for every four dollars of federal MCH Block Grant funds. The application must demonstrate the Applicant's capacity to provide matching funds.

Program income is encouraged to defray project costs. If earned, program income may be used to meet the matching requirement. Three alternatives for using program income are:

- a. **Matching.** Applicants shall budget any projected program income in the cash match column of the Line Item Budget. See subsection 3.06.
- b. **Addition.** Any income in excess of 20% of total project costs may be added to the funds committed to the grant agreement and shall be used for the purposes and under the conditions of the agreement.
- c. **Deduction.** If the alternative of addition is not exercised, income in excess of 20% of total project costs must be deducted from outlays of the federal subgrant award rather than to increase the funds committed.

Subrecipients will be expected to identify through quarterly reports the program income earned and how it is used. If the final expenditure report for any fiscal year does not have a zero balance for program income, prior to close out of the grant the final reimbursement will be reduced by the amount of unused program income. Program income shall be disbursed as earned, and cannot be carried over between fiscal years.

If the grant funded activities do not earn income, or if program income is insufficient to meet the minimum match requirement, the match requirement must be met by one or a combination of the following options:

- a. non-federal funds not already used towards satisfying a cost sharing or matching requirement of another grant agreement, and/or
- b. third party in-kind contributions not already used towards satisfying a cost sharing or matching requirement of another grant agreement.

For additional information regarding matching, see subsection 3.05 Budget.

### **1.02 Schedule of Events**

DHHS expects to adhere to the schedule shown below. It should be noted, however, that some dates are approximate. DHHS reserves the right to change any or all dates and times, and to postpone or cancel this RFA. Any change notices and the responses to written

questions will be posted at  
[http://dhhs.ne.gov/publichealth/Pages/lifespanhealth\\_planning\\_index.aspx](http://dhhs.ne.gov/publichealth/Pages/lifespanhealth_planning_index.aspx).

	Activity	Date / Time
1.	DHHS issues RFA	May 31, 2012
2.	Submit written questions – 1 <sup>st</sup> period	June 14, 2012, 5:00 p.m.
3.	DHHS posts response to written questions – 1 <sup>st</sup> period	June 19, 2012, 5:00 p.m.
4.	Submit Letters of Intent to Apply (required)	June 21, 2012
5.	Submit written questions – 2 <sup>nd</sup> period	July 6, 2012, 5:00 p.m.
6.	DHHS post response to written questions – 2 <sup>nd</sup> period	July 10, 2012
7.	Deadline to submit Applications	July 18, 2012, 5:00 p.m.
8.	Evaluation period	July 19 - August 8, 2012
9.	DHHS posts Notice of Intent to Award	August 24, 2012
10.	Project period begins	October 1, 2012

**Table 1:** Schedule of Events

### 1.02.1 Access to the RFA

DHHS will post this RFA on the DHHS webpage under *Grant and Contract Opportunities* at [http://dhhs.ne.gov/Pages/grants\\_loans.aspx](http://dhhs.ne.gov/Pages/grants_loans.aspx) Upon request, DHHS will mail a print copy of the RFA to any person or entity.

### 1.02.2 Submission of Written Questions

Submit questions to Rayma Delaney in writing by one of the following methods (listed in order of preference) and clearly marked “RFA for MCH Subgrant”:

E-mail: rayma.delaney@nebraska.gov

Fax: (402) 471-7049

Mail: Rayma Delaney  
 Planning & Support  
 Lifespan Health Services  
 Nebraska Department of Health and Human Services  
 301 Centennial Mall South, P.O. Box 95026  
 Lincoln, NE 68509-5026

Written questions related to the RFA must be received no later than the dates and times for each of the two periods, as specified in Table 1.

If the question or comment pertains to a specific section of the RFA, the relevant section and page should be referenced. Oral questions will not be accepted.



### 1.02.3 Response to Written Questions

DHHS will prepare written responses to all pertinent and properly submitted questions, being careful to answer questions while protecting the privacy of requesting organizations. DHHS will post the written questions and responses on the DHHS Web page at [http://dhhs.ne.gov/publichealth/Pages/lifespanhealth\\_planning\\_index.aspx](http://dhhs.ne.gov/publichealth/Pages/lifespanhealth_planning_index.aspx). Reference Table 1 for the approximate dates of posting for each of the two periods. DHHS's written responses will be considered part of the RFA.

It is the responsibility of the Applicant to check the DHHS webpage for all information relevant to this RFA, including written Questions & Answers and any amendments to the RFA that may be issued.

No response will be provided to any written questions about the RFA after the application deadline and prior to Notice of Intent to Award.

### 1.02.4 Letter of Intent to Apply

Parties who intend to submit an application in response to this RFA must submit a *Letter of Intent to Apply* form (Attachment A) emailed as an attachment to Rayma Delaney at [rayma.delaney@nebraska.gov](mailto:rayma.delaney@nebraska.gov) by 5:00 pm on June 21, 2012. An Applicant that did not submit a *Letter of Intent to Apply* by the deadline will be non-compliant and the application will be rejected. A party that submits a *Letter of Intent to Apply* will not be held to submit an Application.

### 1.02.5 Application Deadline

Applications must be received at the Nebraska State Office Building no later than **5:00 p.m. Central Daylight Time**, July 18, 2012.

### 1.02.6 Notice of Intent to Award

A Notice of Intent to Award will be posted on the DHHS web page at: [http://dhhs.ne.gov/publichealth/Pages/lifespanhealth\\_planning\\_index.aspx](http://dhhs.ne.gov/publichealth/Pages/lifespanhealth_planning_index.aspx) on or about August 22. The Notice will identify the organizations by name that DHHS intends to award subgrants.

### 1.02.7 Subgrant Awards

Applicants should reference the *Nebraska Department of Health and Human Services General Terms and Assurances* (ATTACHMENT B) which incorporates the Audit Requirement Certification (Attachment 1) and Subrecipient Reporting Worksheet (Attachment 2). Upon Notice of Intent to Award, successful Applicants will be required to provide information on pages 8, 9, 11 (Section B), and 12 (Section C), and submit to DHHS all pages of the *General Terms and Assurances* prior to subgrant award.

By signing the *Application Cover Sheet*, the official authorized by the Applicant asserts that, if awarded, the Applicant and any of its contractor(s) under the subgrant award will comply with DHHS's *General Terms and Assurances*.

Following the web posting of Notice of Intent to Award, and the receipt of the completed *General Terms and Assurances*, DHHS will issue a subgrant award document to each successful Applicant. DHHS provides subgrant payments quarterly on the basis of reports and the reimbursement of actual costs and in accordance with the State of Nebraska Prompt Payment Act. The costs reported under an award must be based on the approved Budget and will be assessed for compliance with the federal cost principles of reasonable, allowable, and allocable.

## **1.03 Response to the RFA**

### **1.03.1 Methods to Submit an Application**

The RFA is designed to clearly communicate to eligible entities the projects and services that are fundable as Nebraska MCH Subgrants for FY 2013 and FY 2014. Applications that do not conform to the mandatory items as indicated in the RFA will not be considered.

Applicants should carefully review all information and materials contained in this RFA and follow the instructions regarding the time schedules, format, narrative and required forms to be used. Emphasis should be concentrated on conformance to the RFA instructions, responsiveness to requirements, completeness and clarity of content. If the application is presented in such a fashion that makes evaluation difficult or overly time consuming, it is likely that points will be lost in the evaluation process.

All proprietary information the Applicant wishes the State to withhold must be submitted in accordance with the instructions outlined in subsection 1.04.5.

Submission by fax, e-mail, or disk will not be accepted because original signatures are required on the Cover Sheet and Certifications. Applications should be addressed to the point of contact:

Rayma Delaney, Title V/MCH Grant Administrator  
Planning & Support  
Lifespan Health Services  
Nebraska Department of Health and Human Services  
301 Centennial Mall South, P.O. Box 95026  
Lincoln, NE 68509-5026

Applications must be received by DHHS in the Nebraska State Office Building **by 5:00 p.m. Central Daylight Time on July 18, 2012.** Applicants are strongly encouraged to use registered mail or at least first-class mail. Do not send third class or book rate. **LATE APPLICATIONS WILL BE REJECTED.**

Mail or deliver one complete, signed original and four photocopies. The original must be clearly marked with the word 'original' to distinguish it from the four photocopies made of the original application. In the event of any inconsistencies among the original and four copies, the language contained in the original shall govern. Additions or corrections will not be accepted after the closing date.

Applications hand delivered or by courier services will be received during business hours (8:00 a.m. to 5:00 p.m. Central Daylight Time Monday – Friday, excluding state-observed

holidays). Hand delivery or courier services will be received at the 3rd floor reception desk, DHHS, 301 Centennial Mall South, Nebraska State Office Building (NSOB), Lincoln, Nebraska. Applications hand delivered or by courier must be received at the NSOB no later than 5:00 p.m. Central Daylight Time, July 18, 2012.

DHHS assumes no responsibility for representations made by its officers or employees prior to the execution of a subgrant, unless such representations are specifically incorporated into the RFA or the subgrant award document.

Any verbal information provided by the Applicant shall not be considered part of its application.

### 1.03.2 Communication with DHHS Staff

From the date the RFA is issued until Notice of Intent to Award is posted on the DHHS webpage, contact between potential Applicants and individuals employed by DHHS regarding this RFA is restricted to only written communication with the DHHS staff designated above as the point of contact.

There are two exceptions to these restrictions permitted: 1) contacts made pursuant to any pre-existing subgrants or obligations; and 2) state-requested presentations, key personnel interviews, clarification sessions or discussions to finalize a subgrant.

Violations of these conditions may be considered sufficient cause to reject an Applicant's application and/or selection irrespective of any other condition. No individual member of the State, employee of DHHS, or member of the Evaluation Committee is empowered to make binding statements regarding this RFA. The DHHS point of contact will issue any clarifications or opinions regarding this RFA in writing by posting on the DHHS webpage.

### 1.03.3 Amendments to the RFA

DHHS reserves the right to amend the RFA at any time prior to the application deadline. In the event DHHS decides to amend, either to add to or delete any part of this RFA, a written amendment will be posted on the DHHS Web site. Potential Applicants are advised to check the webpage [http://dhhs.ne.gov/Pages/grants\\_loans.aspx](http://dhhs.ne.gov/Pages/grants_loans.aspx) periodically for possible amendments to this RFA.

### 1.03.4 Open Competition

No attempt shall be made by any party to induce any other person or firm to submit, or not to submit, an application for the purpose of restricting competition. Such action is strictly prohibited and risks eligibility of offending entity(ies).

### 1.03.5 Withdrawal of Applications

Applications may be withdrawn, modified and resubmitted by an Applicant at any time prior to the application deadline. An Applicant desiring to withdraw its application after the deadline shall submit notification via email to [Rayma Delaney, rayma.delaney@nebraska.gov](mailto:Rayma.Delaney@nebraska.gov).

### **1.03.6 Late Applications**

Applications received after the application deadline will be considered late applications. Rejected late applications will be returned to the Applicant unopened, if requested, at Applicant's expense. DHHS is not responsible for applications that are late or lost due to mail service inadequacies, traffic or any other reason(s).

### **1.03.7 Rejection of Applications**

The State reserves the right to reject any or all applications, wholly or in part. DHHS reserves the right to waive any deviations or errors that are not material, do not invalidate the legitimacy of the application and do not improve the Applicant's competitive position. All awards will be made in a manner deemed in the best interest of DHHS.

## **1.04 Terms and Conditions**

### **1.04.1 General**

The subgrants resulting from this RFA shall incorporate the following documents:

1. Subgrant award;
2. The original RFA;
3. Any addenda and/or amendments to the RFA, including questions and answers;
4. The signed Application Cover Sheet;
5. The Subrecipient's application; and
6. Any subgrant amendments, in order of significance.

Unless otherwise specifically stated in a subgrant amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) the subgrant award, 2) the original RFA, 3) Request for Application addenda and/or amendments with the latest dated amendment having the highest priority, 4) the signed Application Cover Sheet, 5) the Subrecipient's application; and 6) subgrant amendments with the latest dated amendment having the highest priority.

Any ambiguity in any provision of this subgrant which shall be discovered after its execution shall be resolved in accordance with the rules interpretation as established in the State of Nebraska.

Once applications are opened they become the property of the State of Nebraska and will not be returned.

## 1.04.2 Insurance Requirements

The Subrecipient shall not commence work under this subgrant until he or she has obtained all the insurance required hereunder and such insurance has been approved by the State. If Subrecipient will be utilizing any contractors, the contractor is responsible for obtaining the certificate(s) of insurance required herein under from any and all contractor(s). Subrecipient is also responsible for ensuring contractor(s) maintain the insurance required until completion of the contract requirements. The Subrecipient shall not allow any contractor to commence work on his or her contract until all similar insurance required of the contractor has been obtained and approved by the contractor. Approval of the insurance by the State shall not limit, relieve or decrease the liability of the Subrecipient hereunder.

If by the terms of any insurance a mandatory deductible is required, or if the Subrecipient elects to increase the mandatory deductible amount, the Subrecipient shall be responsible for payment of the amount of the deductible in the event of a paid claim.

### **a. Workers Compensation Insurance**

The Subrecipient shall take out and maintain during the life of this subgrant the statutory Workers' Compensation and Employer's Liability Insurance for all of the Subrecipient's employees to be engaged in work on the project under this subgrant and, in case any such work is sublet, the Subrecipient shall require the subcontractor similarly to provide Worker's Compensation and Employer's Liability Insurance for all of the subcontractor's employees to be engaged in such work. This policy shall be written to meet the statutory requirements for the state in which the work is to be performed, including Occupational Disease. This policy shall include a waiver of subrogation in favor of the State. The amounts of such insurance shall not be less than the limits stated hereinafter.

### **b. Commercial General Liability Insurance and Commercial Automobile Liability Insurance**

The Subrecipient shall take out and maintain during the life of this subgrant such Commercial General Liability Insurance and Commercial Automobile Liability Insurance as shall protect Subrecipient and any contractor performing work covered by this subgrant from claims for damages for bodily injury, including death, as well as from claims for property damage, which may arise from operations under this subgrant, whether such operation be by the Subrecipient or by any subcontractor or by anyone directly or indirectly employed by either of them, and the amounts of such insurance shall not be less than limits stated hereinafter.

The Commercial General Liability Insurance shall be written on an occurrence basis, and provide Premises/Operations, Products/Completed Operations, Independent Contractors, Personal Injury and Contractual Liability coverage. The policy shall include the State, and others as required by the contract documents, as an Additional Insured. This policy shall be primary, and any insurance or self-insurance carried by the State shall be considered excess and non-contributory.

The Commercial Automobile Liability Insurance shall be written to cover all Owned, Non-owned and Hired vehicles.

**c. Insurance Coverage Amounts Required**

**1. Workers' Compensation and Employer's Liability**

Coverage A	Statutory
Coverage B	
Bodily Injury by Accident	\$100,000 each accident
Bodily Injury by Disease	\$500,000 policy limit
Bodily Injury by Disease	\$100,000 each employee

**2. Commercial General Liability**

General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal/Advertising Injury	\$1,000,000 any one person
Bodily Injury/Property Damage	\$1,000,000 per occurrence
Fire Damage	\$50,000 any one fire
Medical Payments	\$5,000 any one person

**3. Commercial Automobile Liability**

Bodily Injury/Property Damage	\$1,000,000 combined single limit
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**d. Evidence of Coverage**

Upon request, the Subrecipient should be able to furnish DHHS with a certificate of insurance coverage complying with the above requirements. These certificates shall include the name of the company, policy numbers, effective dates, dates of expiration and amounts and types of coverage afforded. If the State is damaged by the failure of the Subrecipient to maintain such insurance, then the Subrecipient shall be responsible for all reasonable costs properly attributable thereto.

Notice of cancellation of any required insurance policy must be submitted to DHHS when issued and a new coverage binder shall be submitted immediately to ensure no break in coverage.

### 1.04.3 State of Nebraska Personnel Recruitment Prohibition

The Subrecipient shall not, at any time, recruit or employ any State employee or agent who has worked on the RFA or project, or who had any influence on decisions affecting the RFA or project.

### 1.04.4 Conflict of Interest

By submitting an application, Applicant certifies that there does not now exist any relationship between the Applicant and any person or entity which is or gives the appearance of a conflict of interest related to this RFA or program/project.

### 1.04.5 Proprietary Information

Data contained in the application and all documentation provided therein, become the property of the State of Nebraska and the data becomes public information upon opening the application. If the Applicant wishes to have any information withheld from the public, such information must fall within the definition of proprietary information contained within Nebraska's public record statutes. All proprietary information the Applicant wishes the State to withhold must be submitted in a sealed package, which is separate from the remainder of the application. The separate package must be clearly marked PROPRIETARY on the outside of the package. Applicants may not mark their entire application in response to this RFA as proprietary. Applicant's cost proposals may not be marked as proprietary information. Failure of the Applicant to follow the instructions for submitting proprietary and copyrighted information may result in the information being viewed by other applicants and the public. Proprietary information is defined as trade secrets, academic and scientific research work which is in progress and unpublished, and other information which if released would give advantage to business competitors and serve no public purpose (see Neb. Rev. Stat. §84-712.05(3)). In accordance with Attorney General Opinions 92068 and 97033, applicants submitting information as proprietary may be required to prove specific, named competitor(s) who would be advantaged by release of the information and the specific advantage the competitor(s) would receive. Although every effort will be made to withhold information that is properly submitted as proprietary and meets the State's definition of proprietary information, the State is under no obligation to maintain the confidentiality of proprietary information and accepts no liability for the release of such information.

### 1.04.6 Certification of Independent Price Determination / Non-Collusive Application

By submission of this application, the Applicant certifies, that he or she is the party making the foregoing application, that the application is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation; that the application is genuine and not collusive or sham; that the Applicant has not directly or indirectly induced or solicited any other applicant to put in a false or sham application, and has not directly or indirectly colluded, conspired, connived, or agreed with any applicant or anyone else to put in a sham application, or that anyone shall refrain from applying; that the Applicant has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix the application price of the Applicant or any other applicant, or to fix any overhead, profit, or cost element of the application price, or of that of any other applicant, or to secure any advantage against the public body awarding the subgrant of anyone interested in the proposed subgrant; that all statements contained in the application are true; and further that the Applicant has not, directly or indirectly, submitted his or her application price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, or paid, and will not pay, any fee to any corporation, partnership, company, association, organization, application depository, or to any member or agent thereof to effectuate a collusive or sham application.

### 1.04.7 Ethics in Public Contracting

No Applicant shall pay or offer to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or anything of value to any State officer, legislator or employee

based on the understanding that the receiving person's vote, actions or judgment will be influenced thereby. No Applicant shall give any item of value to any employee of DHHS.

Applicants shall be prohibited from utilizing the services of lobbyists, attorneys, political activists, or consultants to secure the subgrant. It is the intent of this provision to assure that the prohibition of state contact during the RFA process is not subverted through the use of lobbyists, attorneys, political activists, or consultants. It is the intent of the State that the process of evaluation of applications and award of the subgrant be completed without external influence. It is not the intent of this section to prohibit Applicants from seeking professional advice, for example consulting legal counsel or a grant writer, regarding terms and conditions of this RFA or the format or content of their application.

If the Applicant is found to be in non-compliance with this section of the RFA, Applicant may forfeit the subgrant if awarded or be disqualified from the evaluation process.

#### **1.04.8 Disaster Recovery/Back Up Plan**

The Applicant shall have a disaster recovery and back-up plan, of which a copy should be provided to the State upon request, which includes, but is not limited to equipment, personnel, facilities, and transportation, in order to continue services as specified under these specifications in the event of a disaster.

#### **1.04.9 Budget Changes**

The Subrecipient is permitted to reassign funds from one line item to another line item within the approved budget. If funds are reassigned between line items, prior approval from DHHS is required for cumulative budget transfer requests for allowable costs, allocable to the subgrant exceeding ten percent (10%) of the current total approved budget. Budget revision requests shall be submitted in writing to DHHS. DHHS will provide written notice of approval or disapproval of the request within thirty (30) days of its receipt.

### **1.05 Evaluation by DHHS**

#### **1.05.1 Criteria and Scoring**

All responses to this RFA which fulfill all mandatory requirements will be evaluated. Each category will have a maximum point potential.

DHHS will conduct a fair, impartial and comprehensive evaluation of all applications in accordance with the criteria set forth. Areas that will be addressed and scored during the evaluation include:



CRITERIA	MAXIMUM POINTS
<p align="center"><b>Narrative</b></p> <p><u>Considerations:</u> The Narrative reasonably and rationally details the following -</p> <ol style="list-style-type: none"> <li>Community Level Needs Assessment – Suitable community-level needs assessment described/summarized</li> <li>Selected Target Population and MCH/CSHCN Priorities – Selection based on Community Level Needs Assessment; process described; selection justified.</li> <li>Goals and Desired Outcomes – Appropriately reflect Community Level Needs Assessment, Selected Target Populations, and Selected MCH/CSHCN Priority(ies).</li> <li>Methodology – Planned strategies appropriate to reach Desired Outcomes with key steps and necessary actions described; considers the Health Impact Pyramid; barriers identified &amp; addressed. As an encouraged option, uses an evidence-based program or practice, and such program or practice is suitable, source of evidence documented, plans to implement with fidelity or adaptation appropriate.</li> <li>Evaluation Plan – Performance measures developed to evaluate process and test for achievement of outcomes; indicates how measures will be used to monitor progress and modify work plan.</li> </ol>	55
<p align="center"><b>Work Plan</b></p> <p><u>Considerations</u> – Suitable objectives for 2-year period that are specific, measurable, achievable, realistic and time framed; activities, resources and timelines appropriate to reach objectives.</p>	20
<p align="center"><b>Adequacy of Capacity</b></p> <p><u>Considerations:</u> The roles, qualifications, and time allotted for personnel and/or contractors are suitable to perform duties related to the Work Plan activities. The Applicant organization’s experience and structure is sufficient to reasonably safeguard assets, retain personnel, monitor contractors, and engage community partners. Fiscal and program management provides reasonable assurance for successful grant implementation and reporting.</p>	15
<p align="center"><b>Budget</b></p> <p><u>Considerations:</u> The Budget supports the Work Plan with allowable, allocable and reasonable costs based on the federal cost principles, and in compliance with the federal administrative requirements, as relevant by type of entity. The Budget correctly categorizes items of cost. The Budget Justification uses a method to arrive at budgeted costs for both grant and match, the source of match, that match is at least 20% of the total costs, and that the subgrant request does not exceed \$150,000 per year.</p>	20
<p align="center"><b>Sustainability</b></p> <p><u>Considerations:</u> Applicant illustrates how it will maximize and coordinate existing resources to reasonably ensure that a program/project could continue beyond the two-year grant period, if warranted. Applicant describes how the product(s) resulting from a subgrant will be utilized and incorporated into other activities after the conclusion of the subgrant.</p>	10
<p align="center"><b>Children</b></p> <p><u>Considerations:</u> Children are identified as the primary target population. 50% or more of the Desired Outcome(s) are for children, and children as the primary target population is based on the needs assessment and relevant to selected priority.</p>	20
<b>TOTAL POSSIBLE POINTS</b>	140

**Table 2:** Evaluation Criteria

## 1.05.2 Evaluation Committee

Applications will be independently evaluated by members of the Evaluation Committee. The committee(s) will consist of DHHS staff or other employees of the State with the appropriate expertise to conduct such application evaluations. Names of the members of the Evaluation Committee will not become public information.

Prior to the Notice of Intent to Award, only the point of contact indicated in this RFA can clarify issues or render any opinion regarding this RFA. The primary contact will, however, consult with other DHHS staff before posting written responses to written questions. No individual member of DHHS, employee of the State or member of the Evaluation Committee is empowered to make binding statements regarding this Request for Application.

## 1.05.3 Mandatory Requirements

The applications will first be examined to determine if all mandatory requirements listed in the application checklist in subsection 3.01 have been addressed to warrant further evaluation. Applications not meeting mandatory technical requirements and the three minimum criteria in subsection 2.02.2 of the RFA will be excluded from further evaluation. It is a mandatory requirement that the application budget not exceed \$150,000 per year.

## 1.05.4 Reference Checks

The State reserves the right to check any reference(s), regardless of the source of the reference information, including but not limited to, those that are identified by the Applicant in the application, those indicated through the explicitly-specified contacts, those that are identified during the evaluation of the application, or those that result from communication with other entities involved with similar projects.

Information to be requested and evaluated from references may include, but is not limited to, some or all of the following: project description and background, job performed, functional and technical abilities, communication skills and timeliness, accuracy, and overall performance. Only top scoring Applicants may receive reference checks and negative references may eliminate Applicants from consideration for award.

## 1.05.5 Protest or Grievance Procedure

Administrative procedures for filing grievances or protests are as follows:

1. Protests or grievances must be sent in writing and postmarked within ten (10) calendar days of the publication of the Notice of Intent to Award. The letter should specify "MCH RFA" and include specific issues that are to be addressed. Address the letter to: Dr. Joann Schaefer, Public Health Division Director, Department of Health and Human Services, 301 Centennial Mall South, 3<sup>rd</sup> Floor, Lincoln, NE 69509.
2. A response will be made by the Public Health Division Director.
3. \* If the response from the Public Health Division Director has not satisfied the grievance of the Applicant, a protest letter is to be sent to Kerry Winterer, CEO,

Department of Health and Human Services, 301 Centennial Mall South, 3<sup>rd</sup> Floor, Lincoln, NE 69509.

4. A meeting will be scheduled with the Applicant, the MCH Program (optional), the Public Health Division Director, and the CEO of the Department of Health and Human Services to discuss the issues.
5. A written response of the final decision by the CEO of the Department of Health and Human Services will be sent to the Applicant.

\* Step 3 may be eliminated if the Applicant opts to grieve simultaneously to both the Public Health Division Director and the CEO of the Department of Health and Human Services.

## **Section 2 – Description of Maternal and Child Health (MCH) Subgrant**

### **2.01 Background**

#### **2.01.1 History, Statutory Requirements and Appropriation**

The Title V / Maternal and Child Health (MCH) Services Block Grant, or more commonly known as Title V / MCH Block Grant, is one of the oldest federal funding sources to ensure the health of our Nation's mothers and children. Since passage of the Social Security Act in 1935, the Federal Government has pledged its continuous support of Title V of the Act, making Title V the longest lasting public health legislation in United States history.

The MCH Block Grant program was created by the Omnibus Budget Reconciliation Act (OBRA) of 1981. Under that legislation, a number of categorical grants programs were consolidated into the single MCH Block Grant program. Extensive amendments to the authorizing statute in 1989 increased State programmatic and fiscal accountability under the program.

States and jurisdictions are allocated funds based on a formula. The objective of the grants to States under the MCH Block Grant program is to provide funds for the improvement of the health of all mothers and children consistent with applicable health status goals and national health objectives established under the Social Security Act.

A state's acceptance of federal Title V / MCH Block Grant funds imparts responsibility to assure the health of all mothers and children in the state; to systematically assess health needs and determine health priorities; to develop systems that build capacity across the state to address these priority needs; and to be accountable for programs and services and their outcomes. States must identify their specific health needs of the population through a five-year statewide needs assessment; submit an annual plan for meeting the needs identified by the statewide needs assessment; and report annually on performance measures. States must

match three dollars to every four dollars of Title V / MCH Block Grant funds, thereby creating a Federal-State Partnership. Also, States must use at least 30 percent for preventive and primary care services for children (defined as a child from 1<sup>st</sup> birthday through the 21<sup>st</sup> year), and at least 30 percent for services for children with special health care needs, and no more than 10 percent for administration. For more information, visit [http://www.ssa.gov/OP\\_Home/ssact/title05/0501.htm](http://www.ssa.gov/OP_Home/ssact/title05/0501.htm).

DHHS routinely reconsiders its investment decisions of Title V / MCH Block Grant, which includes subgrants to support community-level activities that address priorities identified in the five-year needs assessment. Subgrants are the focus of this RFA.

A challenge over the past decade or more has been a real reduction in the Title V/MCH Block Grant appropriation, as well as inflationary erosion of the Block Grant's buying power. DHHS has considered the diminishing availability of Block Grant funds in making investment decisions. More recently, Congressional delays in finalizing appropriations and the uncertainty of future funding levels contributed to a disruption in DHHS's established, predictable three-year cycle for the subgrant portion. The decision to announce a two-year funding period in this RFA is a reflection of current climate to predict as accurately as possible the level and timing of federal appropriations of the Block Grant.

## **2.01.2 Administration**

At the federal level, the Title V/MCH Block Grant (CFDA #93.994) is administered by the Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA), a component of the U.S. Department of Health and Human Services (HHS). The State health agency is responsible for the administration of programs carried out under Title V. For Nebraska, this is the Department of Health and Human Services, Division of Public Health.

## **2.01.3 Governing Authority**

The MCH Block Grant is authorized under the Omnibus Budget Reconciliation Act (OBRA) of 1981 and codified at 42 USC 701-709. The implementing regulations for this and other HHS block grant programs are published at 45 CFR 96. Under 45 CFR 96.30, a State may adopt its own written fiscal and administrative requirements for expending and accounting for block grant funds. DHHS adheres to the federal OMB Circular A-102 (the 'common rule') and the cost principles issued in OMB Circular A-87.

Subrecipients of Nebraska's Title V / MCH Block Grant must adhere to the Office of Management and Budget (OMB) Circulars as relevant to their specific type of organization. Reference Appendix 1.

## **2.02 Description of Work and Services**

### **2.02.1 Purpose**

The Title V/MCH Block Grant is a non-categorical federal program, i.e. it is expansive in scope and practice rather than limited to narrowly-defined activities to certain eligible persons. Title V/MCH has many subpopulations, e.g. pregnant women, infants, children

(including adolescents), children with special health care needs, women of childbearing age, and their families using a family-centered care approach. **Under this RFA, there is a preference for applications that address children.** *Children are defined as a child from 1<sup>st</sup> birthday through the 21<sup>st</sup> year, who is not otherwise included in any other class of individuals.* (Note: pregnant teens are categorized as Pregnant Women, not Children. See definition of Pregnant Women in the *Glossary* (APPENDIX 3).

In Nebraska, Title V/MCH Block Grant is not a single program, but rather a significant funding source to support a variety of programs, services, and activities to achieve the federally defined purposes and to address State-identified priorities. Although the Title V/MCH Block Grant remains a sizable funding source, it is a finite resource to address the many maternal and child health needs within our state.

## 2.02.2 Type of Projects/Services

For this next subgrant funding cycle, DHHS seeks applications that meet **all** of the following **minimum criteria for types of projects**, described below:

Required Minimum Criterion #1: **Projects must substantively address one or more of Nebraska's ten MCH/CSHCN priorities as identified in the Five-Year Comprehensive Needs Assessment completed in 2010.** The full report is found at <http://dhhs.ne.gov/publichealth/Pages/lifespanhealth.aspx>.

Nebraska's MCH/CSHCN identified priorities listed below are numbered for reference, not for ranking:

1. Increase the prevalence of the MCH/CSHCN population who are physically active, eating healthy, and are at a healthy weight.
2. Improve the reproductive health of youth and women by decreasing the rates of STD's and unintended pregnancies.
3. Reduce the impact of poverty on infants/children including food insecurity.
4. Reduce the health disparities gap in infant health status and outcomes.
5. Increase access to oral health care for children and CSHCN.
6. Reduce the rates of abuse and neglect of infants and CSHCN.
7. Reduce alcohol use and binge drinking among youth.
8. Increase quality of and access to perinatal health services, including pre/interconception health care, prenatal care, labor and delivery services, and postpartum care.
9. Increase the prevalence of infants who breastfeed exclusively through six months of age.
10. Increase access to Medical Homes for CSHCN particularly for those with functional limitations.

Required Minimum Criterion #2: The application must clearly demonstrate and address that local needs have been identified through a **valid community needs assessment conducted or updated within the past five years which justifies or supports the chosen MCH/CSHCN priority(ies).** Applications that do not present strong evidence of local needs that are also State-identified MCH/CSHCN needs, despite all other minimum criteria adequately addressed in the application, are not fundable.

Required Minimum Criterion #3: Because of the shortened project period of two years, **fundable projects under this RFA must not require extended start-up time or effort.** To meet this criteria, projects could be one or more of the following three types:

1. Enhancement of a current service or activity;
2. Continuation of a project for which other sources of support have or will be discontinued prior to the project period;
3. Infrastructure building or enhancement activities that can be implemented within 60 days of subgrant award.

Subgrants under this RFA cannot replace a service or activity that is supported by other means. Under no circumstances will applications that would replace existing support from non-federal sources be considered for funding due to federal rules on supplanting.

In addition to the minimum criteria, **additional points are possible** for an application in which children are identified as the primary target population, with primary meaning that 50% or more of the Desired Outcome(s) are for children and with concomitant level of effort to reach the Children's Outcome(s); children as the primary target population must still reflect needs assessment and selected priority.

## **2.03 Community-level Needs Assessment**

This section provides guidance on meeting the minimum requirement for a community-level needs assessment. This needs assessment may have been carried out in a variety of ways, either by the Applicant, or by other entities, such as a local health district, a community consortium, or an advocacy group. Characteristics of or formats for community-level needs assessments vary, but can usually be defined as the collection, analysis, interpretation and presentation of information about health conditions, risks and assets in a community related to the health of the population; and the identification and prioritization of problems to be considered for action by the community.

Some typical components of a community needs assessment may include:

- a. Development of a community health profile;
- b. Assessment of capacity (of an agency, a community, or a health system) to address health issues;
- c. Selection of indicators;
- d. Collection, analysis and presentation of data; and
- e. Identification of problems and setting priorities.

A community needs assessment should answer or at least address many of the following questions:

- a. What is the overall health status of the population?
- b. What are the population's health problems/needs?
- c. Which population subgroups (gender, age, ethnicity, insurance/payor) are at highest risk for health problems?
- d. Where (geographically) are high-risk groups located?
- e. Are there trends in the data that show that the problem is increasing or diminishing?
- f. How does your community compare to others (federal, state, similar community) over time?
- g. What resources are available in the community and are there gaps in resources?
- h. What are the community's strengths or assets?
- i. What are the priorities among identified problems/needs?

## **2.04 MCH / CSHCN Priorities, Populations, and Evidence-based Practices**

Through this RFA, DHHS seeks to identify, select, and support projects and activities that:

- a. As a minimum requirement, address one or more of Nebraska's ten MCH/CSHCN priorities as identified through its 5-year Comprehensive Needs Assessment completed in 2010;
- b. As a minimum requirement, have the selected priority or priorities supported by a community needs assessment;
- c. As a minimum requirement, be of a type for which extensive start-up time and effort is not necessary;
- d. Preferably address the needs of children (ages 1 year up to the 22<sup>nd</sup> year); and
- e. Preferably utilize evidence-based practices and/or models.

For more details on the minimum requirements, see subsection 2.02.2.

Nebraska DHHS has a particular interest in projects impacting children because of the federal requirement that 30% of the Title V/MCH Block Grant be expended on preventive and primary health care services for this population. To assist Applicants in considering this preference for addressing the needs of this population, the following table lists the ten

MCH/CSHCN priorities and clarifies potential relationships of each to the population of children, ages 1 year up to the 22<sup>nd</sup> year.

<b>Priorities (numbered for reference)</b>	<b>Potential Relationships to Population of Children</b>
1. Increase the prevalence of the MCH/CSHCN population who are physically active, eating healthy, and are at a healthy weight.	Activities specific to or impacting children age 1 up to age 22.
2. Improve the reproductive health of youth and women by decreasing the rates of STD's and unintended pregnancies.	Activities specific to or primarily impacting youth (male or female less than age 22).
3. Reduce the impact of poverty on infants/children including food insecurity.	Activities, particularly those based on a social-ecological model, impacting children as well as infants.
4. Reduce the health disparities gap in infant health status and outcomes.	Life course, socio-ecological models that impact preconception health and well-being of women less than age 22, with subsequent potential to improve infant health status and outcomes.
5. Increase access to oral health care for children and CSHCN.	Activities inclusive of both children and children with special health care needs.
6. Reduce the rates of abuse and neglect of infants and CSHCN.	Prevention models and systems which would be inclusive of children as well as infants and children with special health care needs.
7. Reduce alcohol use and binge drinking among youth.	This is a child specific priority.
8. Increase quality of and access to perinatal health services, including pre/inter-conception health care, prenatal care, labor and delivery services, and postpartum care.	Activities specific to or impacting pre-conception and inter-conception health of women less than age 22.
9. Increase the prevalence of infants who breastfeed exclusively through six months of age.	This priority not applicable to children.
10. Increase access to Medical Homes for CSHCN particularly for those with functional limitations.	This priority is not applicable to children, unless planned approach has broader intended impacts at the practice or community level.



Applicants should consider these relationships, within the context of its community needs assessment, when selecting a priority or priorities and developing its proposed activities. Applicants should note that additional scoring points are possible for proposed activities that target services or activities on the needs of children. See subsection 1.05.1 for the evaluation criteria.

Nebraska DHHS also has a particular interest in promoting evidence-based practices, because of the greater likelihood that such practices will produce desired outcomes in this era of limited and/or shrinking financial resources. Definitions of evidence-based vary among agencies and funders. For purposes of this RFA, ***Evidence-based Practice*** is defined as an approach, framework, collection of ideas or concepts, adopted principles and strategies supported by research. A related term, ***Evidence-based Program***, is defined as programs comprised of a set of coordinated services/activities that demonstrate effectiveness based on research. Such programs may incorporate a number of evidence-based practices in the delivery of services, often in prescribed dosages, intensity, and/or duration.

An example of an Evidence-based Practice would be developing and/or strengthening age identification policies and training for employees of alcohol establishments. An example of an Evidence-based Program would be Brief Alcohol Screening and Intervention of College Students (BASICS). Either an evidence-based practice or an evidence-based program would meet this optional but encouraged criteria.

The basis for identifying a practice or program as evidence-based also varies by agency or funder. Most utilize ratings such as: model & promising; meets evidence standards, meets evidence standards with reservations, & does not meet evidence screens; and effective, moderately effective & adequate. For purposes of this RFA, applicants are to preferably utilize national or Nebraska specific sources or organizations that have reviewed the research evidence and rated or scored practices or programs based on specific criteria. The table below offers suggested sources of evidence-based ratings and related guidelines as may be applicable to the ten MCH/CSHCN priorities.

Priorities (numbered for reference)	Rating Source(s) or Guidelines
1 Increase the prevalence of the MCH/CSHCN population who are physically active, eating healthy, and are at a healthy weight.	<p>Guide to Community Prevention Services: <a href="http://www.thecommunityguide.org/index.html">http://www.thecommunityguide.org/index.html</a></p> <p>Nutrition, Physical Activity, &amp; Obesity – School Health Guidelines to Promote Healthy Eating, Physical Activity: <a href="http://www.cdc.gov/healthyyouth/npao/strategies.htm">http://www.cdc.gov/healthyyouth/npao/strategies.htm</a></p> <p>Nebraska Physical Activity and Nutrition State Plan: <a href="http://dhhs.ne.gov/publichealth/Pages/hew_hpe_nafh_stateplan.aspx">http://dhhs.ne.gov/publichealth/Pages/hew_hpe_nafh_stateplan.aspx</a></p>
2 Improve the reproductive health of youth and women by decreasing the rates of STD's and unintended pregnancies.	<p>US DHHS Office of Adolescent Health, Teen Pregnancy Prevention: <a href="http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs.html">http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs.html</a></p> <p>Guide to Community Prevention Services:</p>

Priorities (numbered for reference)	Rating Source(s) or Guidelines
	<a href="http://www.thecommunityguide.org/index.html">http://www.thecommunityguide.org/index.html</a>
3 Reduce the impact of poverty on infants/children including food insecurity.	<p>Promising Practices Network:  <a href="http://www.promisingpractices.net/programs.asp">http://www.promisingpractices.net/programs.asp</a></p> <p>Child Trends:  <a href="http://www.childtrends.org/_catdisp_page.cfm?LID=CD56B3D7-2F05-4F8E-BCC99B05A4CAEA04">http://www.childtrends.org/_catdisp_page.cfm?LID=CD56B3D7-2F05-4F8E-BCC99B05A4CAEA04</a></p>
4 Reduce the health disparities gap in infant health status and outcomes.	<p>Healthy People.gov:  <a href="http://www.healthypeople.gov/2020/topicsobjectives2020/abr.aspx?topicId=26">http://www.healthypeople.gov/2020/topicsobjectives2020/abr.aspx?topicId=26</a></p> <p>National Prevention Strategy:  <a href="http://www.healthcare.gov/prevention/nphpphc/strategy/health-disparities.pdf">http://www.healthcare.gov/prevention/nphpphc/strategy/health-disparities.pdf</a></p>
5 Increase access to oral health care for children and CSHCN.	<p>The Community Guide – Oral Health:  <a href="http://www.thecommunityguide.org/oral/index.html">http://www.thecommunityguide.org/oral/index.html</a></p> <p>ADA Center for Evidence-Based Dentistry:  <a href="http://ebd.ada.org/">http://ebd.ada.org/</a></p>
6 Reduce the rates of abuse and neglect of infants and CSHCN.	<p>Promising Practices Network:  <a href="http://www.promisingpractices.net/programs.asp">http://www.promisingpractices.net/programs.asp</a></p> <p>Child Welfare Information Gateway:  <a href="http://www.childwelfare.gov/preventing/evaluating/">http://www.childwelfare.gov/preventing/evaluating/</a></p>
7 Reduce alcohol use and binge drinking among youth.	<p>The Nebraska SPF SIG Strategy Approval Guide, Pre-approved Strategies:  <a href="http://dhhs.ne.gov/publichealth/Documents/PreApprovedStrategies.pdf">http://dhhs.ne.gov/publichealth/Documents/PreApprovedStrategies.pdf</a></p> <p>Guide to Community Prevention Services:  <a href="http://www.thecommunityguide.org/index.html">http://www.thecommunityguide.org/index.html</a></p>
8 Increase quality of and access to perinatal health services, including pre/inter-conception health care,	<p>Recommendations to Improve Preconception Care:  <a href="http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5506a1">http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5506a1</a></p>

Priorities (numbered for reference)	Rating Source(s) or Guidelines
prenatal care, labor and delivery services, and postpartum care.	<a href="#">.htm</a>  AMCHP Best Practices: <a href="http://www.amchp.org/programsandtopics/BestPractices/Pages/default.aspx">http://www.amchp.org/programsandtopics/BestPractices/Pages/default.aspx</a>  ACOG Well-woman Care: <a href="http://www.acog.org/About_ACOG/ACOG_Department_s/Annual_Womens_Health_Care/Assessments_and_Recommendations">http://www.acog.org/About_ACOG/ACOG_Department_s/Annual_Womens_Health_Care/Assessments and Recommendations</a>  AHRQ National Guideline Clearing House – ACOG Guidelines: <a href="http://guideline.gov/browse/by-organization.aspx?orgid=85">http://guideline.gov/browse/by-organization.aspx?orgid=85</a>
9 Increase the prevalence of infants who breastfeed exclusively through six months of age.	The CDC Guide to Breastfeeding Interventions: <a href="http://www.cdc.gov/breastfeeding/pdf/breastfeeding_interventions.pdf">http://www.cdc.gov/breastfeeding/pdf/breastfeeding_interventions.pdf</a>  Nebraska Physical Activity and Nutrition State Plan: <a href="http://dhhs.ne.gov/publichealth/Pages/hew_hpe_nafh_stateplan.aspx">http://dhhs.ne.gov/publichealth/Pages/hew_hpe_nafh_stateplan.aspx</a>
10 Increase access to Medical Homes for CSHCN particularly for those with functional limitations.	National Center for Medical Home Implementation: <a href="http://www.medicalhomeinfo.org/">http://www.medicalhomeinfo.org/</a>

An additional source that provides information across a number of MCH/CSHCN priorities is the NACCHO Model Practices web site: <http://naccho.org/topics/modelpractices/>.

Selection of evidence-based practices or programs should be based on a range of factors:

- a. How well does the practice or program reflect what the applicant hopes to achieve? That is, what is the match between the proven outcomes of an evidence-based practice or program with the needs and desired outcomes that the applicant seeks to address?
- b. How well do the goals of the program or practice match those of the applicant's intended participants, systems, and/or partners?
- c. If an evidence-based program, is it of sufficient length and intensity (i.e., “strong enough”) to be effective with the target population?

- d. Are potential participants or partners willing and able to make the time commitment required by the program or practice?
- e. Has the program or practice demonstrated effectiveness with a target population or community similar to yours?
- f. To what extent might you need to adapt a program or practice to fit the needs of your community? How might such adaptations affect the effectiveness of the program or practice? If an evidence-based program, does it allow for such adaptation?
- g. How well does the program complement current programming both in your organization and in the community?

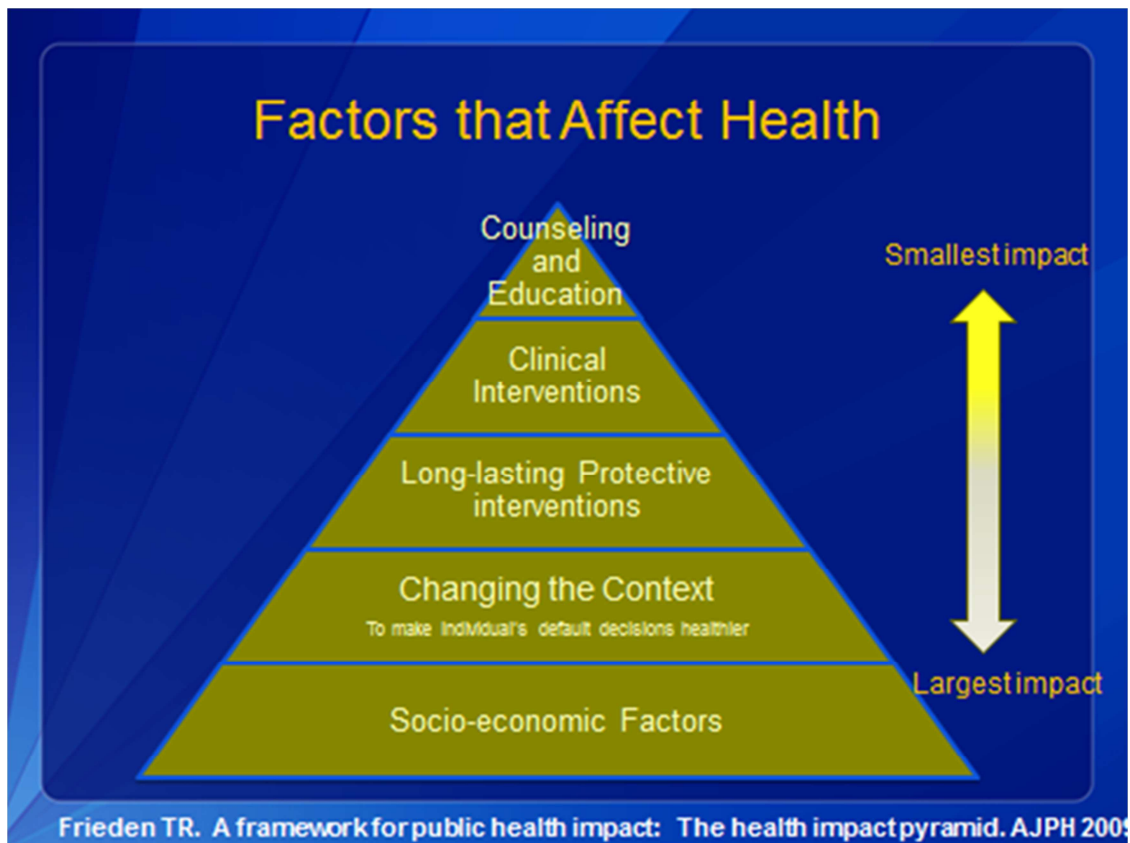
Applicants are to describe how the factors were considered in selecting the evidence-based practices or programs.

A final consideration in selecting practices or programs is the potential for greatest community level impact with sustainability over time. The following description of effectiveness of public health interventions in 5-tiers should also be considered. See also Figure 1: The Health Impact Pyramid.

A 5-tier pyramid best describes the impact of different types of public health interventions and provides a framework to improve health. At the base of this pyramid, indicating interventions with the greatest potential impact are efforts to address socioeconomic determinants of health. In ascending order are interventions that change the context to make individuals' default decisions healthy, clinical interventions that require limited contact but confer long-term protection, ongoing direct clinical care, and health education and counseling.

Interventions focusing on lower levels of the pyramid tend to be more effective because they reach broader segments of society and require less individual effort.

Implementing interventions at each of the levels can achieve the maximum possible sustained public health benefit. (AmJ Public Health. 2010;100:590–595. doi:10.2105/AJPH.2009.185652)



**Figure 1:** The Health Impact Pyramid

## 2.05 Applicant Capacity

DHHS seeks Applicants that can describe their ability to meet the following criteria in the program / project being proposed in the application:

- a. **Relevance:** A commitment to provide services or build infrastructure that will meet the needs of the target MCH subpopulations. This includes factors such as attention to accessibility, cultural and linguistic appropriateness, community engagement, evidence-informed strategies, and a focus on outcomes.
- b. **Cost:** Maintain cost of operations within the limits of available funding and an ability to meet grant requirements while maximizing available resources.
- c. **Quality:** A commitment to provide quality services and/or work products with attention to ongoing project monitoring, quality improvement, and performance measurement. Applicants should also have a history of compliance with related DHHS programs.
- d. **Management:** A capacity and willingness to provide responsible management of resources and to establish necessary control systems to safeguard funds and resources.

- e. **Coordination:** An ability to effectively coordinate services and/or activities for the targeted MCH subpopulation(s) served or impacted by the project.

## **2.06 Personnel, Collaborative Partners and Subcontractors**

The project activities or services require qualified, competent persons to effectively implement, monitor, and evaluate. Applicants should carefully consider any specific qualifications or credentials that key person(s) need for the performance of the proposed project/services, to include both finance and program operations. The Management Plan and the Work Plan timeline should include any recruitment of staff and/or contractor(s). Whether new or existing positions are planned for the grant activities, the Management Plan should address basic considerations related to retention, e.g. comparable salary and benefits, or contract compensation, staff development, employment policy/procedures, etc.

Individuals and for-profit entities are ineligible to apply for these funds, although they may participate as collaborative partners with an eligible Applicant.

Agreements with persons or organizations who receive payments must be formalized in a legally-binding contract that clearly defines the scope of work and the consideration, among other contract clauses. Applicant is responsible for oversight of its contractors under the subgrant.

If the Applicant is relying on non-paid collaborative partners for the success of the proposed work, a Memorandum of Understanding (MOU) must be submitted as part of the Application. The MOU is an agreement that should clearly delineate and formalize the commitment of the partners. In addition to communicating the intentions to the Evaluation Committee, the MOU further assures both the Applicant and funder that if the Application is approved for funding that the Subrecipient can rely on its partners to follow through with the commitment made during the planning process. A Letter of Support is not the same as the MOU.

If an Application is approved for funding, there are additional considerations for the relationship between the Subrecipient and other parties if other parties receive monetary compensation from the Subrecipient. If a Subrecipient provides monetary compensation to another party to perform work under this grant, the relationship between the Subrecipient and another party must be formalized in a legally-binding agreement. The Work Plan and Budget should identify if a contractual relationship is planned, providing in the narrative reasonable assurance that a contract will be finalized by the October 1, 2012 start up and be reflective of the planned work and compensation as stated in the Application. A contract does not need to be prepared prior to the submission of an Application, and should not be submitted with the Application; however, a contract should be available upon request if a subgrant award is made. The Subrecipient is responsible to DHHS, and a contractor will be responsible to the Subrecipient. The DHHS is not a party to a contract between Subrecipients and their contractors, and as such the DHHS is not responsible for monitoring contractors of Subrecipients.

## **Section 3 – Application Format and Content**

These instructions prescribe the format and content of the application and are designed to facilitate the submission of an application that is easy to understand, review, and evaluate.

Failure to adhere to these requirements and application content may result in disqualification of the application.

### 3.01 Application Checklist

Applicant is not required to submit a checklist with the application. Refer to the following table that includes requirements and other items as relevant. Descriptions of each item are outlined in the pages that follow.

<input checked="" type="checkbox"/>	<p style="text-align: center;"><b>Application Materials</b></p> <p style="text-align: center;">(Fillable forms are <b>hi-lited</b>, and are available at <a href="http://dhhs.ne.gov/publichealth/Pages/lifespanhealth_planning_index.aspx">http://dhhs.ne.gov/publichealth/Pages/lifespanhealth_planning_index.aspx</a>)</p>
	Letter of Intent to Apply -- <b>ATTACHMENT A</b> – Use required form and email by June 21, 2012; 5:00 pm
	Application Cover Sheet -- required form– <b>must be signed</b>
	Table of Contents -- required
	Abstract – required. <u>Briefly</u> describe the proposed project/services and the organization and collaborative partners implementing the activities.
	The Nebraska Department of Health and Human Services General Terms and Assurances -- <b>ATTACHMENT B</b> Does not need to be submitted with the application. Submission is required before a subgrant award.
	Narrative and Work Plan – required; logic model is optional
	Work Plan – required form <b>ATTACHMENT C</b> corresponding to narrative
	Organization Overview -- required form <b>ATTACHMENT D</b>
	Management Plan -- required, using instructions in <b>ATTACHMENT E</b>
	Personnel Detail – required form <b>ATTACHMENT F</b>
	Contractor Information -- as relevant, using information in <b>ATTACHMENT G</b>
	Personnel Cost Worksheet – required form <b>ATTACHMENT H</b>
	Budget Justification – required, using instructions in <b>ATTACHMENT I</b>
	Line Item Budget – required form <b>ATTACHMENT J</b>
	Proof of non-profit status – as relevant
	Letter of support from Tribal Council – as relevant
	Memorandum(s) of Understanding – as relevant
	Indirect Cost Rate Agreement – as relevant

## 3.02 Technical Requirements

### 3.02.1 General Instructions

Read all instructions carefully. Applications must address all the application and submission requirements in this RFA. Applications will be evaluated on overall quality of content and responsiveness to the purpose and specifications of this RFA. Only those applications that include complete information as required by this RFA will be considered for evaluation. Throughout the following instructions, “you” and “your” refer to the entity submitting an application.

All applications must include the required items listed in subsection 3.01 Application Checklist and other items as relevant. Assemble all materials in the order outlined in the checklist in subsection 3.01.

### 3.02.2 Format

Applications must be typewritten and follow the format delineated herein.

Aspect	Requirement
Font size	Application must be in a minimum of 12 point font. A smaller font may be used for tables, figures or maps.
Format	Applications shall be prepared on white 8 ½ x 11 inch paper. Submit 1 signed original (clearly marked “original”) and 4 copies. Copies only should be on 3-hole punch paper ready to be put in notebooks for the Evaluation Committee.
Length	There is no page limit for the narrative sections. The Abstract should be no more than two pages, and preferably one page.
Margins	One inch (1”)
Spacing	Single-spaced text, with double spacing between paragraphs.
Cover Sheet	Complete all sections of the Application Cover Sheet and provide the signature of your organization’s official authorized to sign legally-binding documents. The Application Cover Sheet shall be the top page of the application.
Table of Contents	Applicant shall include a Table of Contents.
Application content	Failure to adhere to prescribed instructions, technical requirements, format, or application content may result in disqualification (rejection) of the application.
Proprietary Information	Information deemed to be proprietary that the Applicant wishes to withhold from public record must be submitted in a sealed package clearly marked “PROPRIETARY” on the outside, and as a separate package from the application.
Separate Materials	Any information or materials submitted separately from the application will not be considered in the evaluation process, except for proprietary information in a separate package and marked as such.



### 3.02.3 Personnel

Applicants must assure that staff persons are qualified and adequately trained to perform the activities described in the Work Plan. Key personnel have responsibilities for managing components of the MCH subgrant and will be considered contact personnel for communications with the DHHS. Applicants must have contingency plans in place that identify who will take over the tasks of key personnel when positions are vacated.

Provide information for key personnel and additional personnel associated with this application. Include the information in the *Personnel Detail* (ATTACHMENT F). Describe the executive, management, technical, and professional staff who would perform duties related to this *Work Plan* (ATTACHMENT C). Include the number of staff, their roles, and their expertise and experience in providing these types of services. Provide evidence for any necessary applicable professional licenses required by law by listing the license number associated with the professional personnel.

### 3.02.4 Notification of Personnel Changes

Applicants must contact the State office in writing when there is a change in the program and finance personnel involved in the MCH Subgrant.

## 3.03 Organization Management

Successful Applicants must demonstrate organizational capacity to manage the MCH subgrant, provide services or carry out activities, and build relationships with community partners.

Complete the *Organization Overview* (ATTACHMENT D) indicating the Applicant's background and history of grants management.

Complete the *Management Plan* (ATTACHMENT E) addressing each item. Identify those activities to be carried out by a contractor, and indicate how the contractor will meet the requirements. Successful Applicants selected through this competition must directly perform financial management and project oversight activities, i.e. those roles cannot be conducted on the Applicant's behalf by a contractor.

The Applicant must assure that all contractors that will be performing activities or services under the grant understand and follow all requirements as outlined in this RFA. Complete *Contractor Information* (ATTACHMENT G) for all individuals or organizations performing as a contractor.

## 3.04 Narrative and Work Plan

As previously stated, the proposal is to be developed based on a planning process that identified needs and desired outcomes that are congruent with the subsection 2.04 MCH/CSHCN Priorities, Population and Evidence-based Practices. Proposed activities should both be supported by a community-level needs assessment and be congruent with this RFA. Applicants are discouraged from forcing or molding activities which do not "fit" either the needs assessment or the RFA.

The Narrative and Work Plan should clearly demonstrate the following:

- a. an assessment process that identified a need,
- b. an understanding of the problem and target population,
- c. an articulation of intervention/activities that are preferably based on evidence,
- d. a connection between the proposed intervention/activities and outcomes,
- e. proposed objectives and performance measures
- f. a timeline for implementation and reporting of performance measures.

### 3.04.1 Narrative Content

#### **a. Community Level Needs Assessment**

In this section, applicants are to summarize a recent community-level needs assessment that included the MCH population and to clearly describe how that assessment is congruent with the purposes of the RFA. This description should show how the needs and priorities identified at the community level are related to the goals and intended outcomes of this RFA.

The summary should optimally include information or data on the health status of the community's MCH population, information on accessibility of health and health-related services in the community, a description of the community's capacity to address needs, and its unique characteristics, including demographics. Summarize the assessment stating the major health needs and systems issues that were identified which support the rationale for the proposed activities as well as their relationship to the purpose and requirements of this RFA.

Indicate the entity or entities that conducted the needs assessment and when, and focus on the needs assessment findings of specific relevance to the MCH population and the proposed project. This summary likely will best be accomplished by a combination of narrative, charts, tables, and/or maps. Citations of referenced materials are expected.

#### **b. Selected Target Population(s) and MCH/CSHCN Priority(ies)**

In this section, describe the target populations and identify which of the ten MCH/CSHCN priorities were chosen as relevant to the applicant's community and for the proposed project. Clearly describe the process for utilizing the community level needs assessment to identify the population(s) and priority(ies) for the application. Include a description of organizations or individuals involved in this process, the deliberation methods used, and any special considerations of relevance.

#### **c. Goals and Desired Outcomes**

Provide in narrative form details about the chosen goal(s) and desired outcome(s) for the proposed project. This narrative should be detailed enough that members of the Evaluation Committee will understand what impact the proposed project is intended to have. The goal(s)

and desired outcome(s) should be based on and relevant to the Community Level Needs Assessment and the Selected Target Population(s) and MCH/CSHCN Priority(ies).

#### **d. Methodology**

In this section, describe the methodology (strategies) to be used to achieve the project goals and desired outcomes. Include details on any evidence-based practices or programs selected:

1. Source of evidence review/rating,
2. Proven outcomes of practice or model and fit with project's desired outcome(s)
3. Consideration of participant and/or community acceptance of practice or model
4. Proposed adaptations and acceptability of such adaptations for a given program (if applicable)
5. Other considerations as described in subsection 2.02.2.

Provide sufficient detail for the Evaluation Committee to determine and score the suitability of any evidence-based practice or model selected and the appropriateness of the plan for implementation, including adaptations. Also describe the key steps and actions necessary to carry out the project, such as training, partnership development, protocol development, etc. Describe any barriers or weaknesses of the chosen methodology or strategies and how these will be resolved.

Not required but strongly encouraged is the utilization of a logic model, showing the relationship between the desired outcomes and the proposed methods or strategies. A typical logic model would include these components:

Inputs or Resources	Actions to carry out method	Outputs	Outcomes		
			Short Term	Midterm	Long Term

If preparing a logic model, it should be included as an optional attachment.

#### **e. Evaluation Plan**

The Applicant should provide a summary of overall evaluation plans, but provide in more detail the plans for process evaluation. Process evaluation assesses the extent to which a program/project is operating as intended. This plan should demonstrate how the performance measures will be used to perform process evaluation. The process evaluation must include a way to identify the need for work plan adjustments (if/when necessary) so results can be achieved.

### **3.04.2 Work Plan**

A work plan is required. This work plan is to include objectives that provide the means to measure progress in carrying out the project and ultimately achieving the project goals. Applicants are to include both process objectives and short-term outcome objectives for a 2-year project period. All objectives should be specific, measurable, achievable, realistic, and time framed. A template for writing an objective is provided below:

By \_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_ will \_\_\_\_\_.  
(when)            (% or % change)            (who)            (what result, change, benefit)

Each objective should have a series of activities, resources (research, products, staff, and partners) and a timeline for achieving the stated objective. A template is provided for the *Work Plan* (ATTACHMENT C).

### 3.04.3 Measurement of Performance

The measurement of performance is meant to improve program delivery and effectiveness. The objectives identified in the proposal must be systematically monitored and measured for progress toward the desired outcomes and the overall goal. This will be done through performance measures. Each objective should have three corresponding performance measures that address 1) quantity, 2) quality, and 3) result. It may also be necessary depending on the nature of the measures developed to set baselines of current performance and targets for improvement based on new activities.

Be careful when developing performance measures. Measures are not statements of activity, rather a statement how a culmination of Work Plan activities can simply be identified as having reached an expected level of achievement. The correct performance measure(s) is dependent on the goal, outcomes(s), and objectives of the proposal as well as the resources that can be committed to achieving the desired results. Because the required performance measures assess different aspects of an objective, they will not necessarily be measured at the same time or with the same data/methods. Below is a brief description of the three types of measures that are required:

- a. **Measures of Quantity:** This is a measurement of effort and is the most common type of data collected by a program or project. This answers questions about what is being produced and how much was provided. Examples are the number served and demographics, or the number of activities.
- b. **Measures of Quality:** This is a measurement of effort that answers questions about how well the program/activity did in meeting an objective. Examples of measures of quality are motivation, satisfaction, knowledge, and awareness of participants or the target population as well as the accuracy, accessibility, and timeliness of the intervention/activity.
- c. **Measures of Result:** This is a measurement of effect that answers questions about how well your effort worked for those you are targeting and whether the expected change occurred. Some examples are the number and percent who perform as expected (now and across time) or number and percent reporting a change in behavior.

### 3.05 Budget

The Budget subsection contains information and instructions for completing the required forms for the *Personnel Cost Worksheet* (ATTACHMENT H), the *Budget Justification*

(ATTACHMENT I), and the *Line Item Budget* (ATTACHMENT J). Applicant must prepare a budget for the project period, FY 2013 and FY 2014, not to exceed \$150,000 per year.

In preparing the budget, Applicants should refer to the OMB Cost Principles and the OMB Administrative Requirements applicable to its entity type. Items of cost must be clearly identified in the Budget in order for the Evaluation Committee to readily determine if the items of cost are allowable, allocable and reasonable, comply with Administrative Requirements, to consider the degree to which all costs are relevant to the Work Plan, and identify adequate and allowable matching.

A budget should contain detail sufficient to show the items of cost that comprise a budget category. Budget categories are useful for organizing and clarifying line items.

Critical considerations in developing a budget include, but are not limited to, the following:

- a. “Miscellaneous” is not an acceptable budget category and line item as it does not provide an adequate description to evaluate the budget.
- b. Each item of cost must be treated consistently in like circumstances either as a direct or an indirect cost, *e.g.* direct costs cannot include costs already reflected in an indirect cost rate, if an indirect cost rate is proposed.
- c. Use the following “order of preference” (Table 3) to budget indirect costs, selecting the method most relevant to the Applicant organization:

1 <sup>st</sup> preference	<b>If there is a federal cognizant agency</b> , use the Indirect Cost (IDC) rate agreement negotiated by it. Attach a copy of the Applicant’s <u>most current indirect cost rate agreement which supports the use of the “indirect costs” line item</u> . A negotiated cost rate agreement is typically with an organization’s federal cognizant agency, i.e. if the Applicant receives federal funds directly.
2 <sup>nd</sup> preference	<b>If there is <u>not</u> a federal cognizant agency</b> , use the IDC rate agreement negotiated by the state cognizant agency. For example, in the event the Applicant receives federal funds only as passthrough from the primary recipient of a federal award, the cognizant agency is the primary recipient, or typically a state agency.

3 <sup>rd</sup> preference	<p><b>If the Applicant does not have a current negotiated IDC rate</b>, the U.S. Department of Health and Human Services Grant Policy Directive (referred to as "1/2 or 10%") may be used.</p> <p>See <a href="http://www.ihs.gov/NonMedicalPrograms/gogp/documents/HHS%20GPS_Oct%202006.pdf">http://www.ihs.gov/NonMedicalPrograms/gogp/documents/HHS%20GPS_Oct%202006.pdf</a> for the Grants Policy Statement by the U.S. Department of Health and Human Services. In particular, pages II-27 – II-29 “Reimbursement of Indirect Costs”, states: <i>"If the GMO determines that a recipient does not have a currently effective indirect cost rate, the award may not include an amount for indirect costs unless the organization has never established an indirect cost rate (usually a new recipient) and intends to establish one. In such cases, the award shall include a provisional amount equaling <u>one-half of the amount of indirect costs requested by the applicant, up to a maximum of 10 percent of direct salaries and wages (exclusive of fringe benefits)</u>. If the recipient fails to provide a timely proposal, indirect costs paid in anticipation of establishment of a rate will be disallowed."</i> (emphasis added)</p> <p>If the Applicant exercises this option, include in the Budget Justification the rationale (calculations) for the rate requested. This is considered a provisional rate. During the award period the Applicant must complete their determination of an indirect cost rate under provisions of either option #1 or #2. If the Applicant does not complete an IDC rate determination during the award period, the Applicant will be required to return any funds awarded based on the provisional rate.</p>
4 <sup>th</sup> preference	<p><b>Applicant may choose to direct cost</b> the <i>allocable</i> portion of costs associated with multiple programs. The methodology for allocable costs, as determined by the Applicant, should be well documented as it is subject to audit. (See the OMB Circular addressing cost principles as relevant by type of entity of Applicant. The OMB Circulars are on-line at <a href="http://www.whitehouse.gov/omb/circulars">http://www.whitehouse.gov/omb/circulars</a>).</p>

**Table 3:** Order of preference to claim indirect costs

The samples of the budget forms provided in this RFA are brief and incomplete and are intended to illustrate the relationship between the *Personnel Cost Worksheet* (ATTACHMENT H), the *Budget Justification* (ATTACHMENT I, and the *Line Item Budget* (ATTACHMENT J). The application shall contain a fully-developed budget to correspond to the proposed program / project.

The evaluation of the Budget will be based on the following criteria. Items 1-4 are described in the federal OMB Cost Principles and Administrative Requirements applicable for the applicant's entity type. Items 5-7 are described within this RFA.

1. Allowable costs;
2. Reasonable costs;
3. Allocable costs;

4. Administrative requirements;
5. The degree to which the cost is relevant to the Work Plan;
6. Grant funding request does not exceed \$150,000 per year; and
7. Matching is at least 20% of total project cost.

### 3.05.1 Personnel Costs

Expenses in this category include salary or hourly wage for time allocable to the subgrant, and the associated fringe benefits of employees of Applicant organization, paid vacation, sick, holiday and other paid time off. Benefits may include taxes, retirement plans and insurance premiums (health, dental disability, life and workers compensation).

Complete the *Personnel Cost Worksheet* (ATTACHMENT H) and the *Personnel Detail* (ATTACHMENT F). Although the latter does not contain budget information, the description of personnel must accurately correspond to the *Personnel Cost Worksheet*, and subsequently to the *Line Item Budget*, and the *Budget Justification*.

### 3.05.2 Budget Justification

An acceptable *Budget Justification* describes the need for and shows the calculations of each item of cost. The sample *Budget Justification* illustrates possible categories / line items.

Enter the category headings and line item descriptions that fit the unique characteristics of the Applicant organization and the grant budget. For each line item, mark the box (by clicking on it with the computer mouse) for either grant funds or match. Identify the type of matching, i.e. cash or in-kind. If the matching is cash, identify the original source of the non-federal funds. If in-kind, identify the calculations to assess value to third-party contributions.

In addition to showing calculations, explain in the narrative section of the form the method used to allocate expenditures to more than one funding source, as relevant.

### 3.05.3 Line Item Budget

As a counterpart of the *Budget Justification* (ATTACHMENT I), the *Line Item Budget* (ATTACHMENT J) must contain the exact budget categories, line items, and \$ amounts as those in the Applicant's *Budget Justification*.

The required Line Item Budget worksheet is available at [http://dhhs.ne.gov/publichealth/Pages/lifespanhealth\\_planning\\_index.aspx](http://dhhs.ne.gov/publichealth/Pages/lifespanhealth_planning_index.aspx). In the Excel file, click on the bottom tab entitled "Budget and Revisions". **Do not add or delete rows or columns in the worksheet** as these methods could affect the formulas and subsequent calculations in the spreadsheet. Enter the items of costs for both grant and match in the worksheet, focusing only on the columns headed 'Budget Line Items' and '1<sup>st</sup> Quarter Approved Budget'.

The remaining columns in the worksheet are reserved for budget revisions if Applicant is subsequently awarded an MCH subgrant. Applicants should also disregard the worksheets

labeled in the bottom tabs for 1st Quarter, 2<sup>nd</sup> Quarter, etc. which Subrecipient use later for reporting expense.

## Section 4 - Appendices

### Appendix 1: Statutory and Regulatory Compliance

The Subrecipient must comply with Title V of the Social Security Act of 1935, codified at 42 USC 701 – 709. [http://www.ssa.gov/OP\\_Home/ssact/title05/0501.htm](http://www.ssa.gov/OP_Home/ssact/title05/0501.htm).

Prohibitions: Title V/MCH Block Grant funds may NOT be used for:

1. inpatient services, other than inpatient services provided to children with special health care needs or to high-risk pregnant women and infants and such other inpatient services as the Secretary may approve;
2. cash payments to intended recipients of health services;
3. the purchase or improvement of land, the purchase, construction, or permanent improvement (other than minor remodeling) of any building or other facility, or the purchase of major medical equipment;
4. satisfying any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds;
5. providing funds for research or training to any entity other than a public or nonprofit private entity; or
6. payment for any item or service (other than an emergency item or service) furnished
  - a. by an individual or entity during the period when such individual or entity is excluded from providing service under the Maternal and Child Health Act or Title XVIII (Medicare), Title XIX (Medicaid) or Title XX (Services for Families, Children, Aged or Disabled) of the Social Security Act pursuant to section 42 U.S.C. 1320a-7, 42 U.S.C. 1320a-7a, 42 U.S.C. 1320c-5, or 42 U.S.C. 1395u(j)(2) of the Social Security Act; or
  - b. at the medical direction or on the prescription of a physician during the period when the physician is excluded from providing services in the Maternal and Child Health program or Title XVIII (Medicare), Title XIX (Medicaid) or Title XX (Services for Families, Children, Aged and Disabled) of the Social Security Act pursuant to 42 U.S.C. Section 1320a-7, 42 U.S.C. Section 1320a-7a, 42 U.S.C. Section 1320-5, or 42 U.S.C. 1395u(j)(2) of the Social Security Act and when the person furnishing such item or service knew or had reason to know of the exclusion (after a reasonable time period after reasonable notice has been furnished to the person).



The Subrecipient must comply with federal regulations.

1. The MCH Block Grant is authorized under the 1981 Omnibus Budget Reconciliation Act. The implementing regulations for this and other HHS block grant programs are published at 45 CFR 96. <http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=af38e168d2bcfb31f25e9b3c7c0c6b17&rgn=div5&view=text&node=45:1.0.1.1.54&idno=45>
2. Those regulations include both specific requirements and general administrative requirements for the covered block grant programs in addition to 45 CFR part 92 (the HHS implementation of the A-102 Common Rule).
3. Under 45 CFR 96, a State may adopt its own written fiscal and administrative requirements for expending and accounting for block grant funds. Nebraska DHHS chooses to defer to the federal OMB Circulars rather than a state version for requirements for cost and administrative principles. Subrecipients of Nebraska's Title V / MCH Block Grant, and DHHS as recipient, must adhere to the Office of Management and Budget (OMB) Circulars. The OMB Circulars pertain to cost principles, administrative requirements, and audit requirements, as applicable by type of entity:

#### **Cost Principles**

OMB <u>A-21</u>	Educational Institutions
OMB <u>A-87</u>	State, Local, and Indian Tribal Governments
OMB <u>A-122</u>	Non-Profit Organizations

#### **Administrative Requirements**

OMB <u>A-102</u>	State, Local, and Indian Tribal Governments
OMB <u>A-110</u>	Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations

#### **Audit Requirements**

OMB <u>A-133</u>	States, Local Governments, and Non-Profit Organizations
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4. Although there are six grant circulars, the Subrecipient is covered by only three of them. The following guide should be used to identify the OMB Circulars relevant to the Subrecipient by type of entity:

#### **States, local governments, and Indian Tribes follow**

OMB A-87 for cost principles  
OMB A-102 for administrative requirements, and  
OMB A-133 for audit requirements

#### **Educational Institutions** (even if part of a State or local government) follow:

OMB A-21 for cost principles

OMB A-110 for administrative requirements, and  
OMB A-133 for audit requirements

**Non-Profit Organizations** follow:

OMB A-122 for cost principles  
OMB A-110 for administrative requirements, and  
OMB A-133 for audit requirements

The OMB Circulars are found at  
[http://www.whitehouse.gov/omb/grants/grants\\_circulars.html](http://www.whitehouse.gov/omb/grants/grants_circulars.html)

## **Appendix 2: Program Specific Allowances and Requirements**

### **Cash Advance**

1. In any fiscal year, a one-time advance up to 25% of the fiscal year budget may be requested and will be reviewed based on the following criteria and circumstances:
  - a. Subrecipient must determine if other funds are available to pay for the startup costs of the activities for the 1<sup>st</sup> Quarter of a fiscal year. If other funds are not available, the written request must include a declaration that Subrecipient will suffer serious cash flow problems without a cash advance of a portion of the grant funds. The declaration and any supporting evidence or rationale shall accompany the request.
  - b. Subrecipient submits a written request using the designated form in the “Procedure Manual for Subrecipients of Nebraska Maternal and Child Health Services Title V Block Grant Funds.”
  - c. Past performance of Subrecipient in any current and/or prior grants, contracts, cooperative agreements, or subcontracts with DHHS, with particular consideration to timely reporting or other evidence of deliverables.
2. Quarterly Deductions
  - a. A cash advance will be accounted for through deductions from the reimbursement of actual expenditures. A Subrecipient receiving a cash advance will have its reimbursement request reduced by one-fourth of the advance each of the four quarterly reporting periods.
  - b. When the final expenditure report is submitted, if more cash has been paid to the Subrecipient than the total amount of expenditures, the overage must be immediately refunded to DHHS.

### **Reporting**

- a. The specific reporting requirements are detailed in the “Procedure Manual for Nebraska MCH Grant” and available at [http://dhhs.ne.gov/publichealth/Pages/lifespanhealth\\_planning\\_index.aspx](http://dhhs.ne.gov/publichealth/Pages/lifespanhealth_planning_index.aspx).
- b. Regular reporting assists in establishing a systematic framework for Subrecipients to monitor and evaluate their program / project.
- c. Reporting assists DHHS with its monitoring requirements as the pass-through for federal block grant funds.
- d. Reporting is one source of ongoing communication which allows Subrecipients to keep DHHS informed. Non-compliance issues and technical assistance needs may be identified in the reporting process.
- e. Reporting is the mechanism that allows the reimbursement of Subrecipients’ expenses related to the MCH subgrant-funded work.

- f. MCH subgrant reports are submitted to DHHS on a quarterly basis. The 4<sup>th</sup> Quarter Report incorporates final reporting data tables. The Quarterly Report for MCH Grant funds includes an update of the Work Plan and a report of expenditures of grant and match.

### **Subrecipient Reporting Requirements for FY 2013**

<b>Report</b>	<b>Date Due</b>	<b>Period Covered</b>
1 <sup>st</sup> Qtr Work Plan Report 1 <sup>st</sup> Qtr Expenditure Report	January 15, 2013	<u>1<sup>st</sup> Qtr</u> October 2012 November 2012 December 2012
2 <sup>nd</sup> Qtr Work Plan Report 2 <sup>nd</sup> Qtr Expenditure Report	April 15, 2013	<u>2<sup>nd</sup> Qtr</u> January 2013 February 2013 March 2013
3 <sup>rd</sup> Qtr Work Plan Report 3 <sup>rd</sup> Qtr Expenditure Report	July 15, 2013	<u>3<sup>rd</sup> Qtr</u> April 2013 May 2013 June 2013
4 <sup>th</sup> Qtr/Final Work Plan Report 4 <sup>th</sup> Qtr/Final Expenditure Report Final Data Tables	Nov. 30, 2013	<u>4<sup>th</sup> Qtr</u> July 2013 August 2013 September 2013

### **Subrecipient Reporting Requirements for FY 2014**

<b>Report</b>	<b>Date Due</b>	<b>Period Covered</b>
1 <sup>st</sup> Qtr Work Plan Report 1 <sup>st</sup> Qtr Expenditure Report	January 15, 2014	<u>1<sup>st</sup> Qtr</u> October 2013 November 2013 December 2013
2 <sup>nd</sup> Qtr Work Plan Report 2 <sup>nd</sup> Qtr Expenditure Report	April 15, 2014	<u>2<sup>nd</sup> Qtr</u> January 2014 February 2014 March 2014
3 <sup>rd</sup> Qtr Work Plan Report 3 <sup>rd</sup> Qtr Expenditure Report	July 15, 2014	<u>3<sup>rd</sup> Qtr</u> April 2014 May 2014 June 2014
4 <sup>th</sup> Qtr/Final Work Plan Report 4 <sup>th</sup> Qtr/Final Expenditure Report Final Data Tables	Nov. 30, 2014	<u>4<sup>th</sup> Qtr</u> July 2014 August 2014 September 2014

## Appendix 3: Glossary

**access:** Often defined as the potential and actual entry of a population into the health care system and by features such as private or public insurance coverage. The probability of entry is also dependent upon the wants, resources, and needs that patients may bring to the care-seeking process. Utilization rates and subjective evaluations of care describe actual entry into the system. Ability to obtain wanted care or the distance one has to travel, waiting time, and total income may also influence needed services, and whether one has a regular source of care.

**activities:** Describe the steps of a planned intervention.

**adaptation:** In the context of implementing an evidence-based program or model, it is the process or state of changing the model or program to fit new circumstances or conditions. Adaptations that are commonly considered not to impact fidelity to the model or program are: names of health care centers or systems, pictures of people and places and quotes, hard-to-read words that affect reading level, ways to reach your audience, incentives for participation, timelines, and cultural elements based on population. Adaptions that would significantly impact fidelity include: deleting whole sections of the program, putting in more strategies, and changing the health communication model or theory. (**Adapting Evidence-Based Programs to Meet Local Needs, May 14, 2010, The Illinois Department of Public Health and Illinois Public Health Institute Center for Community Capacity Development**)

**allowable costs:** Allowable costs are those necessary and reasonable for proper and efficient performance and administration of Federal awards. See Office of Management and Budget (OMB) Cost Principles relevant by type of entity.

**audits:** Fiscal review performed by an independent auditor (CPA) with a formal report being prepared.

**budget justification:** Details about what funds will be spent on and how dollars were figured in development of the budget. Describes how planned expenditures will support proposed activities.

**CLAS Standards:** National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) – the collective set of “culturally and linguistically appropriate services.” CLAS mandates, guidelines and recommendations were issued by the U.S. Department of Health and Human Services Office of Minority Health intended to inform, guide and facilitate required and recommended practices related to culturally and linguistically appropriate health services. For more information: <http://www.omhrc.gov/clas/frclas2.htm>.

**capacity:** Includes delivery systems, workforce, policies, and support systems, and other infrastructure needed to maintain services delivery and policy-making activities.

**cash match:** Non-federal grant source, agency cash, donations, fees, insurance payments or Medicaid reimbursement. Medicaid is a state-federal partnership. Medicaid payments include federal funds. This is an allowable source of cash match since Medicaid programs are state-operated and financed in part by state funds.

**children:** A child from 1<sup>st</sup> birthday through the 21<sup>st</sup> year, who is not otherwise included in any other class of individuals. (*Note: Pregnant teens are categorized as Pregnant Women, Not Children. See definition of Pregnant Women in the Glossary.*)

**children with special health care needs (CSHCN):**

*(For budgetary purposes)* Infants of children from birth through the 21st year with special health care needs who the State has elected to provide with services funded through Title V. CSHCN are children who have health problems requiring more than routine and basic care including children with or at risk of disabilities, chronic illnesses and conditions and health-related education and behavioral problems.

*(For planning and systems development)* The following is a non-categorical framework which uses three definition components. All three elements must exist for a child to be classified as having a chronic health condition. This approach defines ongoing health conditions in children ages *birth to 21 years of age* as disorders that:

1. Have a biologic, psychologic, or cognitive basis, *and*
2. Have lasted or are virtually certain to last for at least 1 year (or result in death), *and*
3. Produce 2 or more of the following sequelae:
  - a. Limitation of function, activities, or social role in comparison with healthy age peers in the general areas of physical, cognitive, emotional, and social growth and development.
  - b. Dependency on one of the following to compensate for or minimize limitation of function, activities, or social role:
    - (1) medications
    - (2) special diet
    - (3) medical technology
    - (4) assistive technology
    - (5) personal assistance
  - c. Need for medical care, mental health care, or other health-related services over and above the usual for the child's age, or for special ongoing treatments, interventions, or accommodations at home or in school.

**collusion:** A secret agreement or cooperation between two or more persons or entities to accomplish a fraudulent, deceitful or unlawful purpose.

**community-based care:** The blend of health and social services provided to an individual or family in their place of residence for the purpose of promoting, maintaining, or restoring health or minimizing the effects of illness and disability.

**cost:** Expenses incurred in the provision of services or goods. Many different kinds of costs are defined and used (see allowable, direct, indirect, and operating costs). Charges, the price of a service or amount billed an individual or third party, may or may not be equal to service costs.

**cost center:** Expenses incurred in the provision of services or goods. Many different kinds of costs are defined and used (see allowable, direct, indirect, and operating costs). Charges,

the price of a service or amount billed an individual or third party, may or may not be equal to service costs.

**culturally competent:** Competence implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.

**direct cost:** A cost which is identifiable directly with a particular activity, service, or product of the program experiencing the costs. The costs must be specifically identified in and for the purpose of accomplishing what is described in the grant Application. These costs do not include the allocation of costs to a cost center, which are not specifically attributable to that cost center. (contrast with indirect cost)

**direct services:** Direct services are those services generally delivered one-on-one between a professional and a patient or client in an office, clinic, or other setting which may include physicians, registered dietitians, public health or visiting nurses, social workers, nutritionists, dentists, dental hygienists, audiologists, therapists (occupational, physical, mental health, etc.), and counselors. Also includes services provided by lay and para professional staff such as dulas and peer counselors.

**evaluation:** Systematic study conducted to assess how a program/intervention is working. An evaluation typically examines achievement of objectives in the context of other aspects of program performance or in the context in which it occurs.

**Evaluation Committee:** A committee (or committees) appointed by the requesting agency that advises and assists in the evaluation of applications.

**evidence-based practice:** An approach, framework, collection of ideas or concepts, adopted principles and strategies supported by research.

**evidence-based Program:** Programs comprised of a set of coordinated services/activities that demonstrate effectiveness based on research. Such programs may incorporate a number of evidence-based practices in the delivery of services, often in prescribed dosages, intensity, and/or duration.

**family-centered care:** A system or philosophy of care that incorporates the family as an integral component of the health care system.

**federal allocation:** For the federal Title V / Maternal and Child Health (MCH) Services Block Grant, the monies appropriated to the States under in a given year with obligation and spending authority for that year and the succeeding year.

**fiscal year (FY):** For the federal Title V / Maternal and Child Health (MCH) Services Block Grant, it is the period October 1 through September 30.

**grant year:** For MCH subgrants, it is the period October 1 through September 30.

**health equity:** Equity in health is the absence of systematic disparities in health (or in the major social determinants of health) between groups with different levels of underlying social advantage/disadvantage-that is, wealth, power, or prestige.

**indirect cost:** A cost which cannot be identified directly with a particular activity, service, or product of the entity incurring the cost. Indirect costs are those that have been incurred for common or joint purposes. These costs benefit more than one cost objective and cannot be readily identified with a particular final cost objective without effort disproportionate to the result achieved. Indirect costs are usually allocated among an entity's services in proportion to each service's share of direct costs. Because of the diverse characteristics and accounting practices of governmental units, the types of costs, which may be classified as indirect costs, cannot be specified in all situations. However, typical examples of indirect costs, may include certain general administration of the grantee department or agency, accounting and personnel services performed within the grantee department or agency, and the costs of operating and maintaining facilities. (Contrast with indirect cost.)

**infant mortality:** The death of a live-born infant before its first birthday.

**infrastructure building:** Activities directed at developing and/or maintaining the health status of all women and children by providing support for development and maintenance of comprehensive health services systems including development and maintenance of health services standards/guidelines, training, data and planning systems. Examples include needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, information systems and systems of care that are family centered, community based and culturally competent.

**in-kind:** A third-party contribution; a value assessed to a service or product not paid with cash.

**interconception:** The time between pregnancies, including, but not restricted to, the postpartum period.

**low birth weight:** Babies born weighing less than 5 pounds, 8 ounces (2,500 grams) are considered low birthweight.

**life course health:** How risk factors, protective factors, and early-life experiences affect people's long-term health and disease outcomes.

**management plan:** The procedures for successfully managing activities including the organizational structure, staff responsibilities and qualifications.

**mandatory:** Required, compulsory or obligatory.

**matching:** The value of allowable third-party in-kind contributions and the allowable costs of a federally assisted project or program not borne by the federal government.

**may:** Denotes discretion.

**measurement of performance:** The quantitative basis by which objectives are established and performance is assessed and gauged.

**Medicaid:** A federally funded, state operated program of medical assistance to people with low incomes, authorized by Title XIX of the Social Security Act. Under broad federal



guidelines the individual states determine benefits, eligibility, rates of payment and methods of administration.

**morbidity:** The extent of illness, injury, or disability in a defined population. It is usually expressed in general or specific rates of incidence or prevalence.

**mortality:** Death. Used to describe the relation of deaths to the population in which they occur. The mortality rate (death rate) expresses the number of deaths in a unit of population within a prescribed time and may be expressed as crude death rates (e.g., total deaths in relation to total population during a year) or as death rates specific for diseases and, sometimes, for age, sex or other attributes (e.g., number of deaths from cancer in white males in relation to the white male population during a given year).

**must:** Denotes the imperative, required, compulsory or obligatory.

**needs assessment:** A systematic process of identifying the needs of a population within a jurisdiction for the purpose of setting priorities to improve conditions

**non-profit status: (*proof of*):** Any of the following is acceptable evidence of non-profit status: (a) a reference to the applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code; (b) a copy of a currently valid IRS tax exemption certificate; (c) a statement from a State taxing body, State Attorney General, or other appropriate State Official certifying that the applicant organization has a non-profit status and that none of the net earnings accrue to any private shareholders or individuals; (d) a certified copy of the organization's certificate of incorporation or similar document that clearly establishes nonprofit status; (e) any of the above proof for a State or national parent organization and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

**objective:** Identifies a change that is desired, is measurable over a specific period of time and for a specific target group. Objectives form the basis of program activities.

**obligated costs:** The amounts of orders placed, contracts awarded, goods and services received, and similar transactions during a given period that will require payment by the non-Federal entity during the same or a future period.

**operating cost:** In the health field, the financial requirements necessary to operate an activity which provides health services. These costs normally include the costs of personnel, materials, overhead, depreciation, and interest.

**outcome:** The statement of an intended result.

**overhead:** The general costs of operating an entity which are allocated to all the revenue producing operations of the entity but which are not directly attributable to a single activity. For a hospital, these costs normally include maintenance of plant, occupancy costs, housekeeping, administration, and others.

**performance management system:** The continuous use of practices, e.g. performance measures, quality improvement, and reporting, and integrated into an organization's core operations

**planning:** The establishment of goals, policies, and procedures for the accomplishment of a goal, outcome or objective.

**policy:** A course of action adopted and pursued by a government, party, statesman, or other individual or organization; any course of action adopted as proper, advantageous, or expedient. The term is sometimes used less actively to describe any stated position and matters at issue, *i.e.*, an organization's policy statement on national health insurance. Policies bear the same relationship to rules (regulations) as rules do to law, except that unlike regulations, they do not have the force of law.

**population-based health:** Focuses on entire populations, is grounded in an assessment of the population's health, considers the broad determinants of health, emphasizes all levels of prevention, and intervenes with communities, systems, individuals and families. (Adapted from Minnesota Department of Health, Center for Public Health Nursing, March, 2003.)

**preconception care:** A set of interventions that aim to identify and modify biomedical, behavioral, and social risks to a woman's health or pregnancy outcome through prevention and management. Improving preconception health and pregnancy outcomes requires more than effective clinical care for women. Changes in the knowledge and attitudes and behaviors related to reproductive health among both men and women need to be made to improve preconception health. (Taken and adapted from:  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5506a1.htm>)

**pregnant woman:** A female from the time that she conceives to 60 days after birth, delivery, or expulsion of fetus.

**prenatal care:** Care of the pregnant woman before delivery of the infant. Monitoring and management of the woman during pregnancy to prevent complications of pregnancy and promote a health outcome for the mother and infant.

**preterm birth:** A baby born before 37 weeks of pregnancy is considered a **preterm** or **premature birth**.

**primary prevention** (*as compared to secondary and tertiary*): The classic definitions used in public health distinguish between primary prevention, secondary prevention, and tertiary prevention (Commission on Chronic Illness, 1957). Primary prevention is the prevention of a disease before it occurs; secondary prevention is the prevention of recurrences or exacerbations of a disease that already has been diagnosed; and tertiary prevention is the reduction in the amount of disability caused by a disease to achieve the highest level of function.

**program income:** Program income is gross income received by the grantee or subrecipient directly generated by a grant supported activity, or earned only as a result of the grant agreement during the grant period.

**project period:** The timeframe defined by an RFA to perform a Work Plan. For the MCH subgrants under this RFA, this is a two-year period, unless a subrecipient does not reapply or is not approved for continuation funding in the interim years.

**proprietary information:** Proprietary information is defined as trade secrets, academic and scientific research work which is in progress and unpublished, and other information which if released would give advantage to business competitors and serve no public purpose (see Neb. Rev. Stat. §84-712.05(3)). In accordance with Attorney General Opinions 92068 and 97033, applicants submitting information as proprietary may be required to prove specific, named competitor(s) who would be advantaged by release of the information and the specific advantage the competitor(s) would receive.

**public health:** 1) The science dealing with the protection and improvement of community health by organized community effort. Public health activities are generally those which are less amenable to being undertaken by individuals or which are less effective when undertaken on an individual basis and do not typically include direct personal health services. Public health activities include: immunizations; sanitation; preventive medicine, quarantine and other disease control activities; occupational health and safety programs; assurance of the healthfulness of air, water, and food; health education; epidemiology, and others.

2) Application of scientific and technical knowledge to address community health needs, thereby preventing disease and promoting health. Core functions include collecting and analyzing data, developing comprehensive policies for entire populations, and assuring that appropriate services are delivered to all.

**revenue:** The gross amount of earnings received by an entity for the operation of a specific activity. It does not include any deductions for such items as expenses, bad debts, or contractual allowances.

**scope of work:** Work plan activities for the provision of MCH services or development, implementation and maintenance of MCH infrastructure.

**shall:** Denotes the imperative, required, compulsory or obligatory.

**should:** Indicates an expectation.

**social determinants of health:** Both specific features of and pathways by which societal conditions affect health and that potentially can be altered by informed action. Examples are income, education, occupation, family structure, service availability, sanitation, exposure to hazards, social support, racial discrimination, and access to resources linked to health.

**social ecological model:** A framework that can be used to guide health promotion and disease prevention interventions. In this model, behavior is viewed as affecting and being affected by multiple levels of influence: 1) intrapersonal or individual factors; 2) interpersonal factors; 3) institutional or organizational factors; 4) community factors; and 5) public policy factors.

**sovereignty:** Total independence and self-government. A territory existing as an independent state.

**sovereign nation:** Self-governing, independent nation.

**subrecipient:** A nonfederal entity that expends federal awards received from a pass-through entity to carry out a federal program, but does not include an individual that is a beneficiary of such a program.

**system:** A system is a set of interrelated components working together towards some kind of process. First, all systems are goal oriented: they have a specific function. Second, systems have inputs from their environment on which they act. Next, systems have outputs: products that they send out to their environment. Lastly, systems obtain feedback from the environment that offers information about their outputs.

**systems change:** Making change that endures and which are at the heart of the organization. Such change is systematic, takes time, planning and patience. Such change is not done by just tweaking parts of the system in isolation. It means ultimately impacting change across all elements of the system.

**systems development:** Activities involving the creation or enhancement of organizational infrastructures at the community level for the delivery of health services and other needed ancillary services to individuals in the community by improving the quality of service capacity of health care service providers.

**system-level approach:** Steps in a system-level approach include: 1) Identify the system. Not all things are systems. Some systems are simple and predictable, while others are complex and dynamic. Most human social systems are the latter. 2) Explain the behavior or properties of the whole system. 3) Explain the behavior or properties of the thing to be explained in terms of the role(s) or function(s) of the whole.

**terms and assurances:** Document agreed upon by both DHHS and Subrecipient regarding conditions placed on the subgrant.

**underinsured:** People with public or private insurance policies that do not cover all necessary medical services, resulting in out-of-pocket expenses that exceed their ability to pay.

**uninsured:** People who lack public or private health insurance.

**unintended pregnancy:** According to questions included in the National Survey of Family Growth, a pregnancy identified as either unwanted or mistimed.

**will:** Denotes the imperative, required, compulsory or obligatory.

## Appendix 4: National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS)

### What are CLAS Standards?

The collective set of Culturally and Linguistically Appropriate Services mandates, guidelines, and recommendations issued by the U.S. HHS Office of Minority Health intended to inform, guide, and facilitate required and recommended practices related to culturally and linguistically appropriate health services.

### What is cultural and linguistic competence?

Cultural and linguistic competence is “a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in a cross-cultural situation”.

“Competence implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.”

Cross, T., et al, *Towards a Culturally Competent System of Care*, Volume 1, 1989.

### Why are CLAS Standards needed?

The standards “respond to the need to ensure that all people entering the health care system receive **equitable and effective** treatment in a culturally and linguistically appropriate manner” and are proposed “as a means to **correct inequities** that currently exist in the provision of health services and to make these services more responsive to the individual needs of all patients/consumers.”

“They are especially designed to address the needs of racial, ethnic, and linguistic population groups that **experience unequal access** to health services” and “ultimately to contribute to the elimination of racial and ethnic health disparities and to improve the health of all Americans.”

### How are the CLAS Standards applied?

There are 14 Standards. Four of the Standards (4,5,6, & 7) are mandates and are required to be adopted for all recipients of Federal Funds. These four standards are based on Title VI or the Civil Rights Act of 1964 (Title VI) with respect to services for limited English proficient (LEP) individuals. Additionally, nine of the Standards are guidelines that are activities that are recommended by the Office of Minority Health (OMH) for adoption as mandates by Federal, State, and national accrediting agencies. This distinction applies to Standards 1,2,3,8,9,10,11,12, & 13. Finally, Standard 14 is a recommendation that is suggested by OMH for voluntary adoption by health care organizations.

## **What is Title VI?**

This refers to Title VI of the Civil Rights Act of 1964. Specifically, Title VI provides that no person in the U.S. shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

Full text of the Act may be found in *Title VI of the Civil Rights Act of 1964*, as amended, 42 U.S.C. §2000d, *et seq.*

A manual providing an overview of the Act may be found at [http://www.usdoj.gov/crt/grants\\_statutes/legalman.html#Introduction](http://www.usdoj.gov/crt/grants_statutes/legalman.html#Introduction)

The courts have held that Title VI prohibits recipients of Federal financial assistance from denying LEP persons access to programs, on the bases of national origin. Any organization, or individual,, that receives Federal financial assistance, either directly or indirectly, through a grant contract, or subcontract, is covered by Title VI. For more information on Title VI Language Assistance obligation, see: <http://www.hhs.gov/ocr/lep/fact.html>

## **Which CLAS mandates are current Federal requirements for all recipients of Federal funds based on Title VI?**

**Standards 4 , 5, 6 & 7 are mandates. These standards are:**

4. Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.
5. Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.
6. Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).
7. Health care organizations must make available easily understood patient-related materials and post signage in the languages of commonly encountered groups and/or groups represented in the service area.

## **As a recipient of Federal funds, what are some options to comply with the language access requirement?**

For oral language assistance, options that can be used to comply with the language access requirement include: hiring bilingual staff for patient and client positions, hiring staff interpreters, contracting for interpreter services, engaging community volunteers, and contracting for telephone interpreter services. Translation of written documents depends on several factors, including the size of the population being served.

### **Which CLAS Standards are recommendations?**

**CLAS standards that are recommended by the Office of Minority Health (OMH) for adoption are Standards 1, 2, 3, 8, 9 , 10, 11, 12 & 13:**

1. Health care organizations should ensure that patients/consumers receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.
2. Health care organizations should implement strategies to recruit, retain and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.
3. Health care organizations should ensure that staff at all levels, and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.
8. Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.
9. Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.  
Title VI Language Assistance Obligations.
10. Health care organizations should ensure that data on the individual patients/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.
11. Health care organizations should maintain a current demographic, cultural and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.
12. Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS – related activities.
13. Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross – cultural conflicts or complaints by patients/consumer.

**Which CLAS Standard is suggested by OMH for voluntary adoption by health care organizations?**

**Standards 14 is suggested as a voluntary step:**

14. Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

**Where can I find more information about CLAS Standards?**

The following website provides the Federal Registry announcement of CLAS Standards.

<http://www.omhrc.gov/clas/frclas2.htm>

The Office for Civil Rights (OCR) has a website that provides information on Title VI Language Assistance Obligations, compliance with the language access requirement, examples of prohibited practice, and compliance and enforcement.

<http://www.hhs.gov/ocr/lep/fact.html>

Nebraska is in HHS Region VII, with its headquarters in Kansas City, MO. The Regional Office of Civil Rights Manager can be reached at 816-426-7278, fax 816-426-3686, and TDD 816-426-7065.



## Section 5 – Attachments

### Attachment A: Letter of Intent to Apply

**This is a declaration of *Intent to Apply* for Nebraska MCH Subgrant.**

<b>Applicant Organization</b>	
<b>Authorized Official; name and title</b>	
<b>Street Address</b>	
<b>City, State, Zip</b>	
<b>Phone</b>	
<b>Fax</b>	
<b>E-mail</b>	

This organization is proposing to perform grant activities in the following counties:

<b>County</b>
1.
2.
3.
4.

\_\_\_\_\_  
Signature of Executive Director

\_\_\_\_\_  
Date

Submit this *Letter of Intent to Apply* by email, as an attachment, to Rayma Delaney, [rayma.delaney@nebraska.gov](mailto:rayma.delaney@nebraska.gov) no later than 5:00 pm, June 21, 2012.

## Attachment B: DHHS General Terms and Assurances

### A. ACCESS TO RECORDS AND AUDIT RESPONSIBILITIES.

1. All Subrecipient books, records, and documents regardless of physical form, including data maintained in computer files or on magnetic, optical or other media, relating to work performed or monies received under this subgrant shall be subject to audit at any reasonable time upon the provision of reasonable notice by DHHS. Subrecipient shall maintain all records for three (3) years from the date of final payment, except records that fall under the provisions of the Health Insurance Portability and Accountability Act (HIPAA) shall be maintained for six (6) full years from the date of final payment. In addition to the foregoing retention periods, all records shall be maintained until all issues related to an audit, litigation or other action are resolved to the satisfaction of DHHS. The Subrecipient shall maintain its accounting records in accordance with generally accepted accounting principles. DHHS reserves and hereby exercises the right to require the Subrecipient to submit required financial reports on the accrual basis of accounting. If the Subrecipient's records are not normally kept on the accrual basis, the Subrecipient is not required to convert its accounting system but shall develop and submit in a timely manner such accrual information through an analysis of the documentation on hand (such as accounts payable).
2. The Subrecipient shall provide DHHS any and all written communications received by the Subrecipient from an auditor related to Subrecipient's internal control over financial reporting requirements and communication with those charged with governance including those in compliance with or related to Statement of Auditing Standards (SAS) 112 *Communicating Internal Control related Matters Identified in an Audit* and SAS 114 *The Auditor's Communication with Those Charged With Governance*. The Subrecipient agrees to provide DHHS with a copy of all such written communications immediately upon receipt or instruct any auditor it employs to deliver copies of such written communications to DHHS at the same time copies are delivered to the Subrecipient, in which case the Subrecipient agrees to verify that DHHS has received a copy.
3. The subrecipient shall immediately commence follow-up action on findings arising from audits or other forms of review. Follow-up action includes responding to those conducting such examinations with clear, complete views concerning the accuracy and appropriateness of the findings. If the finding is accepted, corrective action, such as repaying disallowed costs, making financial adjustments, or taking other actions should proceed and be completed as rapidly as possible. If the subrecipient disagrees, it should provide an explanation and specific reasons that demonstrate that the finding is not valid.
4. In addition to, and in no way in limitation of any obligation in this subgrant, the Subrecipient shall be liable for audit exceptions, and shall return to DHHS all payments made under this subgrant for which an exception has been taken or which has been disallowed because of such an exception, upon demand from DHHS.

- B. AMENDMENT. This subgrant may be modified only by written amendment executed by both parties. No alteration or variation of the terms and conditions of this subgrant shall be valid unless made in writing and signed by the parties.

- C. ANTI-DISCRIMINATION. The Subrecipient shall comply with all applicable local, state and federal statutes and regulations regarding civil rights and equal opportunity employment, including Title VI of the Civil Rights Act of 1964; the Rehabilitation Act of 1973, Public Law 93-112; the Americans with Disabilities Act of 1990, Public Law 101-336; and the Nebraska Fair Employment Practice Act, NEB. REV. STAT. §§ 48-1101 to 48-1125. Violation of said statutes and regulations will constitute a material breach of this subgrant. The Subrecipient shall insert this provision into all subgrants and subcontracts.
- D. ASSIGNMENT. The Subrecipient shall not assign or transfer any interest, rights, or duties under this subgrant to any person, firm, or corporation without prior written consent of DHHS. In the absence of such written consent, any assignment or attempt to assign shall constitute a breach of this subgrant.
- E. ASSURANCE. If DHHS, in good faith, has reason to believe that the Subrecipient does not intend to, is unable to, has refused to, or discontinues performing material obligations under this subgrant, DHHS may demand in writing that the Subrecipient give a written assurance of intent to perform. Failure by the Subrecipient to provide written assurance within the number of days specified in the demand may, at DHHS's option, be the basis for terminating this subgrant.
- F. BREACH OF SUBGRANT. DHHS may immediately terminate this subgrant and agreement, in whole or in part, if the Subrecipient fails to perform its obligations under the subgrant in a timely and proper manner. DHHS may withhold payments and provide a written notice of default to the Subrecipient, allow the Subrecipient to correct a failure or breach of subgrant within a period of thirty (30) days or longer at DHHS's discretion considering the gravity and nature of the default. Said notice shall be delivered by Certified Mail, Return Receipt Requested or in person with proof of delivery. Allowing the Subrecipient time to correct a failure or breach of this subgrant does not waive DHHS's right to immediately terminate the subgrant for the same or different subgrant breach which may occur at a different time. DHHS may, at its discretion, obtain any services required to complete this subgrant and hold the Subrecipient liable for any excess cost caused by Subrecipient's default. This provision shall not preclude the pursuit of other remedies for breach of subgrant as allowed by law.
- G. CONFIDENTIALITY. Any and all confidential or proprietary information gathered in the performance of this subgrant, either independently or through DHHS, shall be held in the strictest confidence and shall be released to no one other than DHHS without the prior written authorization of DHHS, provided that contrary subgrant provisions set forth herein shall be deemed to be authorized exceptions to this general confidentiality provision. As required by United States Department of Health and Human Services (hereinafter "HHS") appropriations acts, all HHS recipients and DHHS Subrecipients must acknowledge Federal and DHHS funding when issuing statements, press releases, requests for proposals, bid invitations, and other documents describing projects or programs funded in whole or in part with Federal and DHHS funds. Recipients are required to state: (1) the percentage and dollar amounts of the total program or project costs financed with Federal and DHHS funds; and (2) the percentage and dollar amount of the total costs financed by nongovernmental sources. This provision shall survive termination of this subgrant.
- H. CONFLICTS OF INTEREST. In the performance of this subgrant, the Subrecipient shall avoid all conflicts of interest and all appearances of conflicts of interest. The Subrecipient

shall immediately notify DHHS of any such instances encountered, so that other arrangements can be made to complete the work.

- I. **COST PRINCIPLES AND AUDIT REQUIREMENTS.** The Subrecipient shall follow the applicable cost principles set forth in OMB Circular A-87 for State, Local and Indian Tribe Governments; A-21 for Colleges and Universities; or A-122 for Non-Profit Organizations. Federal audit requirements are dependent on the total amount of federal funds expended by the Subrecipient, set in the table below and Attachment 1, Audit Requirement Certification. Audits must be prepared and issued by an independent certified public accountant licensed to practice. A copy of the annual audit is to be made electronically available or sent to: Nebraska Department of Health and Human Services, Financial Services, P.O. Box 95026, Lincoln, NE 68509-5026.

<b>Amount of annual federal expenditure</b>	<b>Audit Type</b>
<i>\$100,000 to \$499,999</i>	<i>Financial Statement Audit</i>
<i>500,000 or more in federal expenditure</i>	<i>A-133 audit</i>

- J. **DATA OWNERSHIP AND COPYRIGHT.** Except as otherwise provided in the Federal Notice of Award, DHHS shall own the rights in data resulting from this project or program. The Subrecipient may copyright any of the copyrightable material and may patent any of the patentable products produced in conjunction with the performance required under this subgrant without written consent from DHHS. DHHS and any federal granting authority hereby reserve a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use, and to authorize others to use the copyrightable material for federal or state government purposes. This provision shall survive termination of this subgrant.
- K. **DEBARMENT, SUSPENSION OR DECLARED INELIGIBLE.** The Subrecipient certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- L. **DOCUMENTS INCORPORATED BY REFERENCE.** All references in this subgrant to laws, rules, regulations, guidelines, directives, and attachments which set forth standards and procedures to be followed by the Subrecipient in discharging its obligations under this subgrant shall be deemed incorporated by reference and made a part of this subgrant with the same force and effect as if set forth in full text, herein.
- M. **DRUG-FREE WORKPLACE.** Subrecipient agrees, in accordance with 41 USC §701 et al., and Nebraska policy, to maintain a drug-free workplace by: (1) publishing a drug-free workplace statement; (2) establishing a drug-free awareness program; (3) taking actions concerning employees who are convicted of violating drug statutes in the workplace; and (4) in accordance with 2 CFR §180.230, identify all workplaces under its federal awards.
- N. **FEDERAL FINANCIAL ASSISTANCE.** The Subrecipient shall comply with all applicable provisions of 45 C.F.R. §§ 87.1-87.2. The Subrecipient certifies that it shall not use direct federal financial assistance to engage in inherently religious activities, such as worship, religious instruction, and/or proselytization.

- O. FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT REPORTING. The Subrecipient shall complete the Subrecipient Reporting Worksheet, Attachment 2, sections B and C. The Subrecipient certifies the information is complete, true and accurate.
- P. FORCE MAJEURE. Neither party shall be liable for any costs or damages resulting from its inability to perform any of its obligations under this subgrant due to a natural disaster, or other similar event outside the control and not the fault of the affected party ("Force Majeure Event"). A Force Majeure Event shall not constitute a breach of this subgrant. The party so affected shall immediately give notice to the other party of the Force Majeure Event. Upon such notice, all obligations of the affected party under this subgrant which are reasonably related to the Force Majeure Event shall be suspended, and the affected party shall do everything reasonably necessary to resume performance as soon as possible. Labor disputes with the impacted party's own employees will not be considered a Force Majeure Event and will not suspend performance requirements under this subgrant.
- Q. FUNDING AVAILABILITY. DHHS may terminate the subgrant, in whole or in part, in the event funding is no longer available. Should funds not be appropriated, DHHS may terminate the award with respect to those payments for the fiscal years for which such funds are not appropriated. DHHS shall give the Subrecipient written notice thirty (30) days prior to the effective date of any termination. The Subrecipient shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date. In no event, shall the Subrecipient be paid for a loss of anticipated profit.
- R. GRANT CLOSE-OUT. Upon completion or notice of termination of this grant, the following procedures shall apply for close-out of the subgrant:
1. The Subrecipient will not incur new obligations after the termination or completion of the subgrant, and shall cancel as many outstanding obligations as possible. DHHS shall give full credit to Subrecipient for the federal share of non-cancelable obligations properly incurred by Subrecipient prior to termination, and costs incurred on, or prior to, the termination or completion date.
  2. Subrecipient shall immediately return to DHHS any unobligated balance of cash advanced or shall manage such balance in accordance with DHHS instructions.
  3. Within a maximum of 90 days following the date of expiration or completion, Subrecipient shall submit all financial, performance, and related reports required by the Subrecipient Reporting Requirements. DHHS reserves the right to extend the due date for any report and may waive, in writing, any report it considers to be unnecessary.
  4. DHHS shall make any necessary adjustments upward or downward in the federal share of costs.
  5. The Subrecipient shall assist and cooperate in the orderly transition and transfer of subgrant activities and operations with the objective of preventing disruption of services.

6. Close-out of this subgrant shall not affect the retention period for, or state or federal rights of access to, Subrecipient records, or Subrecipient's responsibilities regarding property or with respect to any program income for which Subrecipient is still accountable under this subgrant. If no final audit is conducted prior to close-out, DHHS reserves the right to disallow and recover an appropriate amount after fully considering any recommended disallowances resulting from an audit which may be conducted at a later time.
- S. GOVERNING LAW. The award shall be governed in all respects by the laws and statutes of the State of Nebraska. Any legal proceedings against DHHS or the State of Nebraska regarding this award shall be brought in Nebraska administrative or judicial forums as defined by Nebraska State law. The Subrecipient shall comply with all Nebraska statutory and regulatory law.
- T. HOLD HARMLESS.
1. The Subrecipient shall defend, indemnify, hold, and save harmless the State of Nebraska and its employees, volunteers, agents, and its elected and appointed officials ("the indemnified parties") from and against any and all claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses ("the claims"), sustained or asserted against the State of Nebraska, arising out of, resulting from, or attributable to the willful misconduct, negligence, error, or omission of the Subrecipient, its employees, consultants, representatives, and agents, except to the extent such Subrecipient's liability is attenuated by any action of the State of Nebraska which directly and proximately contributed to the claims.
  2. DHHS's liability is limited to the extent provided by the Nebraska Tort Claims Act, the Nebraska Contract Claims Act, the Nebraska Miscellaneous Claims Act, and any other applicable provisions of law. DHHS does not assume liability for the action of its Subrecipients.
- U. INDEPENDENT ENTITY. The Subrecipient is an Independent Entity and neither it nor any of its employees shall, for any purpose, be deemed employees of DHHS. The Subrecipient shall employ and direct such personnel, as it requires, to perform its obligations under this subgrant, exercise full authority over its personnel, and comply with all workers' compensation, employer's liability and other federal, state, county, and municipal laws, ordinances, rules and regulations required of an employer providing services as contemplated by this subgrant.
- V. REIMBURSEMENT REQUEST. Requests for payments submitted by the Subrecipient shall contain sufficient detail to support payment. Any terms and conditions included in the Subrecipient's request shall be deemed to be solely for the convenience of the parties.
- W. INTEGRATION. This written subgrant represents the entire agreement between the parties, and any prior or contemporaneous representations, promises, or statements by the parties, that are not incorporated herein, shall not serve to vary or contradict the terms set forth in this subgrant.
- X. LOBBYING.
1. Subrecipient certifies that no Federal appropriated funds shall be paid, by or on

behalf of the Subrecipient, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this award for: (a) the awarding of any Federal agreement; (b) the making of any Federal grant; (c) the entering into of any cooperative agreement; and (d) the extension, continuation, renewal, amendment, or modification of any Federal agreement, grant, loan, or cooperative agreement.

2. If any funds, other than Federal appropriated funds, have been paid or will be paid to any person for influencing or attempting to influence: an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this subgrant, the Subrecipient shall complete and submit Federal Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

- Y. NEBRASKA NONRESIDENT INCOME TAX WITHHOLDING. Subrecipient acknowledges that Nebraska law requires DHHS to withhold Nebraska income tax if payments for personal services are made in excess of six hundred dollars (\$600) to any Subrecipient who is not domiciled in Nebraska or has not maintained a permanent place of business or residence in Nebraska for a period of at least six months. This provision applies to: individuals; to a corporation, if 80% or more of the voting stock of the corporation is held by the shareholders who are performing personal services, and to a partnership or limited liability company, if 80% or more of the capital interest or profits interest of the partnership or limited liability company is held by the partners or members who are performing personal services.

The parties agree, when applicable, to properly complete the Nebraska Department of Revenue Nebraska Withholding Certificate for Nonresident Individuals Form W-4NA or its successor. The form is available at:

[http://www.revenue.ne.gov/tax/current/f\\_w-4na.pdf](http://www.revenue.ne.gov/tax/current/f_w-4na.pdf) or  
[http://www.revenue.ne.gov/tax/current/fill-in/f\\_w-4na.pdf](http://www.revenue.ne.gov/tax/current/fill-in/f_w-4na.pdf)

- Z. NEBRASKA TECHNOLOGY ACCESS STANDARDS. The Subrecipient shall review the Nebraska Technology Access Standards, found at <http://www.nitc.state.ne.us/standards/accessibility/tacfinal.html> and ensure that products and/or services provided under the subgrant comply with the applicable standards. In the event such standards change during the Subrecipient's performance, the State may create an amendment to the subgrant to request that Subrecipient comply with the changed standard at a cost mutually acceptable to the parties.
- AA. NEW EMPLOYEE WORK ELIGIBILITY STATUS. The Subrecipient shall use a federal immigration verification system to determine the work eligibility status of new employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. § 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of a newly hired employee.

If the Subrecipient is an individual or sole proprietorship, the following applies:

1. The Subrecipient must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at

2. If the Subrecipient indicates on such attestation form that he or she is a qualified alien, the Subrecipient agrees to provide the U.S. Citizenship and Immigration Services documentation required to verify the Subrecipient's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.
  3. The Subrecipient understands and agrees that lawful presence in the United States is required and the Subrecipient may be disqualified or the subgrant terminated if such lawful presence cannot be verified as required by NEB. REV. STAT. § 4-108.
- BB. PUBLICATIONS. Subrecipient agrees that all publications that result from work under this subgrant will acknowledge that the project was supported by "Grant No. XXXX" under a subgrant from "Federal Agency" and DHHS.
- CC. PROGRAMMATIC CHANGES. The Subrecipient shall request in writing to DHHS for approval of programmatic changes. DHHS shall approve or disapprove in whole or in part in writing within thirty (30) days of receipt of such request.
- DD. PROMPT PAYMENT. Payment shall be made in conjunction with the State of Nebraska Prompt Payment Act, NEB. REV. STAT. §§ 81-2401 through 81-2408. Unless otherwise provided herein, payment shall be made by electronic means.
- Automated Clearing House (ACH) Enrollment Form Requirements for Payment.  
The Subrecipient shall complete and sign the State of Nebraska ACH Enrollment Form and obtain the necessary information and signatures from their financial institution. The completed form must be submitted before payments to the Subrecipient can be made.  
Download ACH Form:  
[http://www.das.state.ne.us/accounting/nis/address\\_book\\_info.htm](http://www.das.state.ne.us/accounting/nis/address_book_info.htm)
- EE. PUBLIC COUNSEL. In the event Subrecipient provides health and human services to individuals on behalf of DHHS under the terms of this award, Subrecipient shall submit to the jurisdiction of the Public Counsel under NEB. REV. STAT. §§ 81-8,240 through 81-8,254 with respect to the provision of services under this subgrant. This clause shall not apply to subgrants between DHHS and long-term care facilities subject to the jurisdiction of the state long-term care ombudsman pursuant to the Long-Term Care Ombudsman Act.
- FF. RESEARCH. The Subrecipient shall not engage in research utilizing the information obtained through the performance of this subgrant without the express written consent of DHHS. The term "research" shall mean the investigation, analysis, or review of information, other than aggregate statistical information, which is used for purposes unconnected with this subgrant.
- GG. SEVERABILITY. If any term or condition of this subgrant is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if this subgrant did not contain the particular provision held to be invalid.



HH. SMOKE FREE. Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable Federal funds in Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 for each violation and/or the imposition of an administrative compliance order on the responsible entity. By signing, the Subrecipient certifies that the Subrecipient will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

II. SUBRECIPIENTS OR SUBCONTRACTORS. The Subrecipient shall not subgrant or subcontract any portion of this award without prior written consent of DHHS. The Subrecipient shall ensure that all subcontractors and subrecipients comply with all requirements of this subgrant and applicable federal, state, county and municipal laws, ordinances, rules and regulations.

JJ. TIME IS OF THE ESSENCE. Time is of the essence in this subgrant. The acceptance of late performance with or without objection or reservation by DHHS shall not waive any rights of DHHS nor constitute a waiver of the requirement of timely performance of any obligations on the part of the Subrecipient remaining.

NOTICES. Notices shall be in writing and shall be effective upon receipt. Written notices, including all reports and other written communications required by this subgrant shall be sent to the following addresses:

FOR DHHS:

Rayma Delaney  
NE Department of Health & Human Services  
PO Box 95026  
Lincoln, NE 68509-5026  
(402) 471-0197

FOR SUBRECIPIENT:

Name  
Entity  
Address  
City, State, Zip + 4  
Phone

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES***Title V / Maternal Child Health (MCH) Block Grant***AUDIT REQUIREMENT CERTIFICATION**

*Subrecipients and certain contractors receiving funds from the Nebraska Department of Health and Human Services are required to complete this document. Reference to the Office of Management and Budget Circular A-133, Audits of States, Local Governments and Non-Profit Organizations, in this document is "Circular A-133".*

**Grant Name** Title V / MCH Block Grant **Grant #** \_\_\_\_\_ **CFDA\*** #93.994

*Program Name, Grant #, and CFDA # need to be filled out by the DHHS program office*

\*(Catalog of Federal Domestic Assistance)

**Contractor's Name** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Federal Tax Identification Number (FTIN)** \_\_\_\_\_

**Contractor's Fiscal Year** \_\_\_\_\_, 20\_\_ to \_\_\_\_\_, 20\_\_

All written communications from the Certified Public Accountant (CPA) engaged under #1 or #2 below, given to the contractor related to Statement of Auditing Standards (SAS) 112 *Communicating Internal Control related Matters Identified in an Audit* and SAS 114 *The Auditor's Communication with Those Charged With Governance* and any additional reports issued by the auditor as a result of this engagement must be provided to the DHHS immediately upon receipt, unless the Subrecipient or contractor has directed the CPA to provide the copy directly to the DHHS and has verified this has occurred.

Check either 1 or 2

1. \_\_\_ As the subrecipient or contractor named above, we expect to expend less than \$500,000 from all Federal Financial Assistance sources, not just the grant named above, and including commodities in our current fiscal year. Therefore, we are not subject to the audit requirements of Circular A-133.

We are, however, responsible for engaging a licensed Certified Public Accountant (CPA) to conduct an audit of our organization's financial statements if we have total federal expenditures over \$100,000. We acknowledge the audit must be completed no later than nine months after the end of our organization's current fiscal year. A copy of the report must be submitted to DHHS address as shown below within the earlier of 30 days after receipt of the auditor's report(s), or nine months after the end of the audit period.

2. \_\_\_ As the subrecipient or contractor named above, we expect to expend \$500,000 or more from all Federal Financial Assistance sources, not just the grant named above,

and including commodities in our current fiscal year. Therefore, we are subject to the single audit requirements of Circular A-133.

We will engage a licensed Certified Public Accountant to conduct and prepare the audit of our organization's financial statements and components of the single audit pertaining to those financial statements. We acknowledge the audit must be completed no later than nine months after the end of our current fiscal year.

We further acknowledge, that a single audit performed in accordance with Circular A-133 must be submitted to the Federal Audit Clearinghouse. The reporting package, as evidence the audit was completed must contain:

- financial statements,
- a schedule of Expenditure of Federal Awards,
- a Summary Schedule of Prior Audit Findings (if applicable),
- a corrective action plan (if applicable) and
- the auditor's report(s) which includes an opinion upon financial statements and Schedule of Expenditures of Federal Awards, a report of internal control, a report of compliance and a Schedule of Findings and Questioned Costs.

We further acknowledge the auditor and this contractor or subrecipient must complete and submit with the reporting package a *Data Collection Form for Reporting on Audits of States, Local Governments and Non-Profit Organizations* (SF-SAC).

We further acknowledge a copy of the contractor's financial statements, auditor's report and SF-SAC must be submitted, at the time these documents are submitted to the Federal Audit Clearinghouse, to:

Nebraska Department of Health and Human Services  
Financial Services  
Grants and Cost Management  
P.O. Box 95026  
Lincoln, NE 68509-5026

The foregoing submissions must be made within the earlier of 30 days after receipt of the auditor's report(s), or nine months after the end of the audit period.

## Subrecipient Reporting Worksheet

### Section A – Federal Award Information

Federal Award Identifier Number (FAIN) \_\_\_\_\_

Federal Awarding Agency Name DHHS, Health Resources and Services Administration  
Award Date \_\_\_\_\_

CFDA Program Number 93.994  
Subgrant Amount From This  
Total Federal Funding Amount \$ \_\_\_\_\_ Award: \$ \_\_\_\_\_

*\*See instructions if the subgrant is funded from more than one funding source*

### Section B – Subrecipient Information

Subrecipient DUNS \_\_\_\_\_

Subrecipient Name \_\_\_\_\_

Subrecipient Address: Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Country \_\_\_\_\_ Zip Code + 4 \_\_\_\_\_  
Congressional District \_\_\_\_\_

Amount of Subgrant \$ \_\_\_\_\_ Subgrant Date \_\_\_\_\_

Subrecipient Principal City \_\_\_\_\_ State \_\_\_\_\_  
Place of Performance: Country \_\_\_\_\_ Zip Code + 4 \_\_\_\_\_  
Congressional District \_\_\_\_\_

Subgrant Number \_\_\_\_\_ (Will be completed by Support Services)

Subgrant Project Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. In your business or organization's previous fiscal year, did your business organization (including parent organization, all branches, and all affiliates worldwide) receive 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements AND \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

☐ Yes – answer Question 2

☐ No – not required to provide officer compensation

2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

☐ Yes – not required to provide officer compensation

☐ No – provide the names and total compensation of the five most highly compensated officers of the entity below

1.	_____	\$ _____
	Name	Compensation
2.	_____	\$ _____
	Name	Compensation
3.	_____	\$ _____
	Name	Compensation
4.	_____	\$ _____
	Name	Compensation
5.	_____	\$ _____
	Name	Compensation

## Section A – Federal Award Information (Continuation)

*Use this page only if the subgrant is being funded by multiple sources (multiple federal grants or a combination of federal and state funds)*

Federal Award Identifier Number (FAIN) \_\_\_\_\_

Federal Awarding Agency Name DHHS, Health Resources and Services Administration

Award Date \_\_\_\_\_

CFDA Program Number 93.994

Subgrant Amount From This

Total Federal Funding Amount \$ \_\_\_\_\_

Award: \$ \_\_\_\_\_

Federal Award Identifier Number (FAIN) \_\_\_\_\_

Federal Awarding Agency Name \_\_\_\_\_

Award Date \_\_\_\_\_

CFDA Program Number \_\_\_\_\_

Subgrant Amount From This

Total Federal Funding Amount \$ \_\_\_\_\_

Award: \$ \_\_\_\_\_

Federal Award Identifier Number (FAIN) \_\_\_\_\_

Federal Awarding Agency Name \_\_\_\_\_

Award Date \_\_\_\_\_

CFDA Program Number \_\_\_\_\_

Subgrant Amount From This

Total Federal Funding Amount \$ \_\_\_\_\_

Award: \$ \_\_\_\_\_

Amount funded from Federal Grants \$ \_\_\_\_\_

total of grants in Section A

Amount funded from State General Funds \$ \_\_\_\_\_

Amount funded from State Cash Funds \$ \_\_\_\_\_

Amount funded from Federal Cash Funds \$ \_\_\_\_\_

fed sources other than grants

Total amount funded from all sources \$ \_\_\_\_\_

should equal total of subgrant

## Attachment C: Work Plan

This sample is brief and incomplete and is intended to demonstrate the relationship between elements. Application should include a fully-developed Work Plan for the two-year project period using this required form.

<b>Goal :</b> Reduce percent of school-age children who are overweight and obese in Community XYZ.							
<b>Outcome:</b> School Districts in XYZ provide nutritious and appealing school meals that comply with the “Dietary Guidelines for Americans”.							
Objective(s)	Activities	Timeline					Resources
		YR	Q1	Q2	Q3	Q4	
1) By September 30, 2013, 90% of schools in XYZ will use healthy food preparation methods and purchasing techniques.	1.1 Form working group representing school administrators and food service managers.	1	X				project and school personnel
	1.2 Review guidelines and standards	1	X				project and school personnel
	1.3 Determine consensus work plan on improvements for food preparation and purchasing	1		X			workgroup and project staff
	1.4 Selected schools pilot work plan	1		X			pilot schools and project staff
	1.5 Evaluate pilot and update work plan	1			X		workgroup and project staff
	1.6 Train and support all schools in work plan implementation	1				X	project staff participating schools

<b>Performance Measures: Objective 1</b>							
1) 90% of schools in district participate in work group ( <i>quantity; effort</i> ) 2) Two (2) schools complete pilot of consensus work plan ( <i>quality; effort</i> ) 3) 90% of schools are implementing piloted and updated work plan ( <i>result; effect</i> )							
Objective(s)	Activities	Timeline					Resources
		YR	Q1	Q2	Q3	Q4	
2)	2.1						
	2.2						
<b>Performance Measures: Objective 2</b>							



## Attachment D: Organization Overview

Organization Name: \_\_\_\_\_

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Organizational Structure	Identify the legal structure and state of incorporation or registration, if applicable	Description:
	Evidence of authorization to do business in Nebraska	<p>Check the type of organization of the applicant agency:</p> <p><input type="checkbox"/> Governmental (County, State, City, or other governmental organization)</p> <p><input type="checkbox"/> Non-profit/501(c)3</p> <p><input type="checkbox"/> Other</p> <p>If marked "Other", Applicant must be currently registered with the Nebraska Secretary of State's office to do business in Nebraska or agrees to register if Applicant is awarded a subgrant.</p>
Background & Overview	History of Organization	

	Mission statement	
	Vision statement	
<b>Subgrant or Contract History with DHHS</b>	Has the Applicant or a contractor held a subgrant or contract with DHHS in the past 3 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete information below. Additional lines may be added.)
	Subgrant or Contract: Contact person(s): Telephone: Brief description:	
	Subgrant or Contract: Contact person(s): Telephone: Brief description:	

	Subgrant or Contract:  Contact person(s):  Telephone:  Brief description:	
<b>Disclosure of Litigation *</b>	Is there any litigation, administrative, or regulatory proceedings pending or threatened against the Applicant or its contractor(s)?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete information below)
<b>Disclosure of Subgrant or Contract Termination *</b> <b>(preceding 3 years)</b>	Has Applicant or contractor(s) terminated a subgrant or contract?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete information below)
	Has Applicant or contractor(s) had a subgrant or contract terminated?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete information below)
	Subgrant or Contract:  Contact person(s):  Telephone:  Brief description of incident:	
	Subgrant or Contract:  Contact person(s):  Telephone:	

	Brief description of incident:	
	Subgrant or Contract: Contact person(s): Telephone: Brief description of incident:	
<b>Disclosure of Contract Default *</b> <b>(preceding 3 years)</b>	Has Applicant or contractor defaulted on contract(s)?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete information below)
	Contract or subcontract: Contact person: Telephone: Brief description of incident:	
	Contract or subcontract: Contact person: Telephone: Brief description of incident:	
	Contract or subcontract: Contact person: Telephone: Brief description of incident:	

*\*Failure to disclose such matters may result in rejection of the application or in termination of any subsequent subgrant. This is a continuing disclosure requirement. Any such matter commencing after submission of an application must be disclosed in a timely manner in a written statement to DHHS.*

**Audited Financial Statement**

1. Does the agency currently hold a contract with DHHS?  
☐ Yes (go to #2) ☐ No (go to #3)
2. Has the agency submitted audit reports (or operating statement if nonprofit organization) to DHHS for the preceding three year period?  
☐ Yes (no additional information is needed) ☐ No (go to #3)
3. If agency responded “no” to either #1 or #2 above, provide an audited financial statement for the preceding three (3) year period as part of the proposal appendices. Nonprofit corporations whose previous funding level has not required an audited financial statement shall submit a year end operating statement and balance sheet for the preceding three (3) year period and a current operating statement in lieu thereof.

## Attachment E: Management Plan

The Management Plan describes the procedures for successfully managing the Work Plan and Budget for the subgrant. Charts, tables and flow charts are particularly helpful in developing a Management Plan and to clearly communicate the Management Plan to members of the Evaluation Committee. **Respond in the space below each component. The space will expand as information is typed into the table. Include charts or tables that support the narrative. At a minimum, attach an organizational chart of the Applicant organization.**

Component	Instructions
1. Background & Demonstrated Effectiveness & Experience	a. In narrative format, include the Applicant's background that has prepared them for this work. b. If contractors are identified, the Applicant should provide any previous experience working with and managing contractors.
2. Policies, Procedures and applicable requirements.	Identify policies, procedures, orders, or other key instructions that represent a basic framework to be used in the implementation and monitoring of the grant-funded activities. Depending on the nature of the Work Plan, describe applicable requirements and how those will be addressed, i.e. confidentiality and security of records, clinic licensure, scope of practice/supervision of medical personnel, quality assurance, a plan to achieve compliance with the four mandated National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) in Appendix 4. Describe compliance with those identified.
3. Fiscal Management	a. Describe the Applicant's fiscal and administrative ability to administer grant funds. At a minimum, this should include a clear statement about the qualifications of staff responsible for accounting / financial reporting.
4. Program Management	a. Describe how the scope of work and basic program requirements described in the application will be successfully managed and completed. b. If a position is vacated, describe how the Applicant would continue to provide services or perform activities until a qualified replacement is hired; c. Describe how contractors will be monitored for compliance with state and federal requirements.

5. Quality improvement process	Describe the Applicant's quality improvement processes and plans for monitoring the grant, including: <ul style="list-style-type: none"> <li>a. Reviews to monitor services or activities and participant / stakeholder satisfaction;</li> <li>b. Methods used for overseeing that activities are performed, monitored and evaluated based on a proven strategies and/or evidence-based approach, and</li> <li>c. Procedures for implementing corrective action.</li> </ul>
6. Training and development	<ul style="list-style-type: none"> <li>a. Describe all leadership development and continuing professional education opportunities for staff.</li> <li>b. Describe the commitment of your organization to and involvement in staff development.</li> </ul>
7. Community partnerships	Describe the Applicant's capacity to engage community partners in planning and implementing activities.
8. Start-up activities	Describe the Applicant's plans to start-up and begin implementation of services or project activities.
9. Sustainability of activities	Sustainability of activities is critical in identifying the best strategies to improve long-term health outcomes. Applicant must describe activities that will maximize and coordinate existing resources acquire additional resources in the future (if applicable), and/or maintain work products developed through the project.

## Attachment F: Personnel Detail

For each position, describe the scope of responsibility specific to the subgrant. Depending on the nature of the position in the subgrant, further describe for each position its connection to the objectives/activities of the *Work Plan* or the *Management Plan*.

Key personnel positions are defined in the table, below. For key personnel positions that are currently vacant, write “vacant” and indicate the anticipated date of hire in the name block on the form.

Key Personnel	Definition
Executive Director or similar title	Name, experience and license number as applicable - Complete and provide the name of the person who has overall responsibility and authority for administering the program in which the entity is applying for the funds.
Program Administrator/MCH Coordinator	Name, experience, license number as applicable - Complete the table by providing the name of the individual with direct day-to-day responsibility for this program.
Fiscal Director	Name, experience, license number as applicable. Complete the table by providing the name of the individual with overall responsibility and authority for financial management of this program.

### Key Personnel:

*Expand table as necessary*

Title/Position Description	Name	Applicant Staff or Contractor	Credentials/ License #	Expertise/ Experience
1.				
Describe its connection to Work Plan and/or Management Plan:				
2.				
Describe its connection to Work Plan and/or Management Plan:				
3.				
Describe its connection to Work Plan and/or Management Plan:				



4.				
Describe its connection to Work Plan and/or Management Plan:				

**Additional Personnel:**

*Expand table as necessary*

Title/Position Description	Name	Applicant Staff or Contractor	Credentials/ License #	Expertise/ Experience
1.				
Describe its connection to Work Plan and/or Management Plan:				
2.				
Describe its connection to Work Plan and/or Management Plan:				
3.				
Describe its connection to Work Plan and/or Management Plan:				
4.				
Describe its connection to Work Plan and/or Management Plan:				

## Attachment G: Contractor Information

List all individuals and/or organizations that are proposed as contractors, under the grant funds, to provide services to the Applicant. Include all of the following information for each contractor. Expand the table as necessary.

1. Name of contractor	
a. Organizational affiliation, if applicable	
b. Nature of services to be rendered	
c. Relevant of service to the Work Plan	
d. Basis of the fee	
e. Projected expense (travel, per diem, other associated costs)	
2. Name of contractor	
a. Organizational affiliation, if applicable	
b. Nature of services to be rendered	
c. Relevant of service to the Work Plan	
d. Basis of the fee	
e. Projected expense (travel, per diem, other associated costs)	
3. Name of contractor	
a. Organizational affiliation, if	

applicable	
b. Nature of services to be rendered	
c. Relevant of service to the Work Plan	
d. Basis of the fee	
e. Projected expense (travel, per diem, other associated costs)	

## Attachment H: Personnel Cost Worksheet

This is an embedded image of an Excel worksheet. To access the file to use in an application, visit [http://dhhs.ne.gov/publichealth/Pages/lifespanhealth\\_planning\\_index.aspx](http://dhhs.ne.gov/publichealth/Pages/lifespanhealth_planning_index.aspx).

**INSTRUCTIONS:** For each Employee Name [ A ] and Job Title [ B ], enter data in white cells. Yellow cells contain formulas to calculate Transfer totals for Columns J and K to the *Budget Justification* (Attachment I) and *Line Item Budget* (Attachment J).

**Formulas are based on the following information using 40 hours/week X 52 weeks = 2,080 hours/year for full-time equivalent (FTE).**

D= C divided by 2,080

I= H divided by C

J= E multiplied by I

K= F multiplied by I

A	B	C	D	E	F	G	H	I	J	K	L
		For The Organization					Allocable to the Grant				
Employee Name	Job Title	Annual Hours	Organization FTE	Annual Salary / Wage	Annual Fringe Benefits	Organization Salary + Fringe	GRANT Hours	% of GRANT	GRANT Salary/Wage	GRANT Fringe Benefits	GRANT salary/wage + fringe benefits
Pat Smith	Project Coordinator	2080	1.00	\$ 60,000.00	\$ 15,000.00	\$ 75,000.00	1248	60%	\$ 36,000.00	\$ 9,000.00	\$ 45,000.00
Terry Jones	Project Assistant	1040	0.50	\$ 24,000.00	\$ 3,000.00	\$ 27,000.00	310	30%	\$ 7,153.85	\$ 894.23	\$ 8,048.08
		0	0.00			\$ -		0%	\$ -	\$ -	\$ -
		0	0.00			\$ -		0%	\$ -	\$ -	\$ -
		0	0.00			\$ -		0%	\$ -	\$ -	\$ -
		0	0.00			\$ -		0%	\$ -	\$ -	\$ -
		0	0.00			\$ -		0%	\$ -	\$ -	\$ -
									\$ 43,153.85	\$ 9,894.23	\$ 53,048.08
<b>TOTALS</b>											

## Attachment I: Budget Justification

Applicant shall use the *Budget Justification* to subsequently prepare the *Line Item Budget* (ATTACHMENT J). The *Budget Justification* provides critical information to the Evaluation Committee. This sample is brief and incomplete, and is intended to illustrate the relationship between the *Personnel Cost Worksheet* (ATTACHMENT H), the *Budget Justification* (ATTACHMENT I), and the *Line Item Budget* (ATTACHMENT J). Cost categories and line items are provided as examples only; **the category headings and line items may be edited to fit the unique characteristics of the Applicant organization.** Unused cells may be deleted, or cells may added as needed. Applicant shall utilize a similar methodology to describe and show the calculations for the \$ amount in the budget for entries not represented in the following table.

### FY 2013 (October 1, 2012 – September 30, 2013)

(use the same form to prepare the FY 2014 budget)

<b>100 PERSONNEL</b>		This category includes all personnel costs (paid as salary or hourly wage) for actual hours worked, paid vacation, sick, holiday and other compensated time off, and fringe benefits.	
<b>100.1 Salary / Wage</b>	\$ 36,000.00	<input checked="" type="checkbox"/> grant <input type="checkbox"/> match	<i>Enter the total amount from the Personnel Cost Worksheet (Attachment H) which details the salaries/wages for each position.</i>
If match, identify the type and source:			
Describe any anticipated changes to personnel costs; such as a need to increase/decrease staff, pay increases, etc.  Pat Smith, Project Coordinator, is 1.0 FTE, of which 60% is projected for the grant. A 2% cost of living increase is budgeted, and is shown in the FY 2014 budget.			
<b>100.1 Salary / Wage</b>	\$ 7,153.85	<input type="checkbox"/> grant <input checked="" type="checkbox"/> match	
If match, identify the type and source:			
This is cash matching, and the source is the Community Partnership Grant awarded to Applicant by the ABC Foundation. Terry Jones, Project Assistant, is .50 FTE, of which 30% is projected for this project.  Describe any anticipated changes to personnel costs; such as a need to increase/decrease staff, pay increases, etc.  A 2% wage increase is budgeted, and is shown in the FY 2014 budget.			
<b>100.1 Salary / Wage</b>	\$ 3,600.00	<input type="checkbox"/> grant <input checked="" type="checkbox"/> match	<i>Show or describe how value is assessed to the third-party contributions.</i>
If match, identify the type and source:			
This is in-kind from XYZ Community Initiatives, which commitment is described in the MOU between the parties. XYZ			

<p>offers one of its employee's time to assist with meeting facilitation, based on the position's regular hourly wage.  300 hours x \$12.00/hour = \$3,600.</p> <p>Describe any anticipated changes to personnel costs; such as a need to increase/decrease staff, pay increases, etc.</p>			
<b>100.2 Fringe Benefits</b>	\$ 9,000.00	<input checked="" type="checkbox"/> grant	<input type="checkbox"/> match
<p>If match, identify the type and source:</p>			
<p>Describe any anticipated changes to personnel costs; such as a need to increase/decrease staff, pay increases, etc.</p> <p>Pat Smith, Project Coordinator, is paid the following benefits, each shown as the allocable portion for this grant project:</p> <p>(show calculations)</p>			
<b>100.2 Fringe Benefits</b>	\$ 894.23	<input type="checkbox"/> grant	<input checked="" type="checkbox"/> match
<p>If match, identify the type and source:</p> <p>This is cash matching, and the source is the Community Partnership Grant awarded to Applicant by the ABC Foundation.</p>			
<p>Describe any anticipated changes to personnel costs; such as a need to increase/decrease staff, pay increases, etc.</p> <p>Terry Jones, Project Assistant, is paid the following benefits, each shown as the allocable portion for this grant project:</p> <p>(show calculations)</p>			
<b>200 RECRUITMENT &amp; DEVELOPMENT</b>		<p>This category contains a variety of costs associated with staff recruitment and professional development. Travel for staff development is included in the Operating category, and may be separated out from travel for program / project activities.</p>	
<b>200.1 Registration Fees</b>	\$	<input type="checkbox"/> grant	<input type="checkbox"/> match
<p>If match, identify the type and source:</p>			
<p>List the type of education/training, or name/location of meeting/conference. Show calculations for the \$ amount.</p>			
<b>200.2 Lodging &amp; Meals</b>	\$	<input type="checkbox"/> grant	<input type="checkbox"/> match

*Fringe may include: taxes; retirement plans and insurances such as health, dental, disability, life and worker's compensation.*

If match, identify the type and source:			
Identify costs by training event name and location. Show calculations for the \$ amount.			
<b>200.3 Job Advertisement</b>	\$	<input type="checkbox"/> grant <input type="checkbox"/> match	
If match, identify the type and source:			
List all types of advertisement methods. Show calculations for the \$ amount.			
<b>200.4</b>	\$	<input type="checkbox"/> grant <input type="checkbox"/> match	
If match, identify the type and source:			
Show calculations for the \$ amount.			
<b>300 OPERATING</b>	This category includes a variety of costs associated with administering the business of an organization on a day-to-day basis. Supplies mean all tangible personal property other than equipment as defined in that category.		
<b>300.1 Program supplies</b>	\$	145.00	<input checked="" type="checkbox"/> grant <input type="checkbox"/> match
If match, identify the type and source:			<i>Program supplies may include participation incentives, name badges, etc. Food is allowable in this item if it is essential in the performance of the award, it is reasonable, and in keeping with Applicant's business policy.</i>
List all types of supplies necessary for implementation of project or program activities. Show calculations for the \$ amount.			
Reusable plastic sleeve name badges \$ 45.00 Coffee and tea \$ 100.00			
<b>300.2 Office supplies</b>	\$	275.00	<input checked="" type="checkbox"/> grant <input type="checkbox"/> match
If match, identify the type and source:			<i>Office supplies often include items such as paper, printer ink, copier toner, pens, etc.</i>
List all types of office supplies necessary and specific to this grant. Show calculations for the \$ amount.			
Paper – 12 reams x \$7.50/ream \$ 90.00 Markers – 2 packets x \$5.00/pack \$ 10.00 Printer (color) ink – 1 value packs \$ 45.00			

Copier toner – 1 cartridge		\$ 130.00		
<b>300.3 Education Material</b>	\$ 700.00	<input checked="" type="checkbox"/> grant	<input type="checkbox"/> match	<i>Curriculum and materials for educational purposes, and/or public information</i>
If match, identify the type and source:				
List all types of supplies. Show calculations for the \$ amount.  Discussion guides: \$3.50 each x 200 = \$700      \$ 700.00				
<b>300.4 Rent, Utilities &amp; Janitorial Services</b>	\$	<input type="checkbox"/> grant	<input type="checkbox"/> match	
If match, identify the type and source:				
List all types of supplies. Show calculations for the \$ amount.				
<b>300.5 Insurance</b>	\$	<input type="checkbox"/> grant	<input type="checkbox"/> match	<i>Non-personnel insurances, e.g. auto and property.</i>
If match, identify the type and source:				
List all types of non-personnel insurance. Show calculations for the \$ amount.				
<b>300.6 Audit/Related Svcs</b>	\$	<input type="checkbox"/> grant	<input type="checkbox"/> match	
If match, identify the type and source:				
Show calculations for the \$ amount.				
<b>300.7 Rental Equipment</b>	\$ 225.00	<input checked="" type="checkbox"/> grant	<input type="checkbox"/> match	<i>Rental equipment may include copier, postage meter, and other items that are rented due to maintenance, length of use, or other factors for which a purchase is not as desirable</i>
If match, identify the type and source:				
Show calculations for the \$ amount.  Copier: \$450 based on 3,000 copies/month for Applicant; 1,000 copies for this project, allocable costs      \$ 150.00				



Postage meter: (etc.)		\$ 75.00	
<b>300.8 Meeting Facilities</b>	\$ 1,685.00	<input type="checkbox"/> grant <input checked="" type="checkbox"/> match	
If match, identify the type and source:			
In-kind from local community college, public schools, and community center to hold community organizing meetings and large public forums.			
Show calculations for the \$ amount.			
community college – \$75/hour x two 2-hour forums \$ 300.00 Mason Public School - \$35/hour x five 3-hour mtgs \$ 525.00 Brookside Public School-\$30/hour x four 3-hour mtgs \$ 260.00 community center - \$20/hour x ten 3-hour meetings \$ 600.00			
<b>300.9</b>	\$	<input type="checkbox"/> grant <input type="checkbox"/> match	
If match, identify the type and source:			
Show calculations for the \$ amount.			
<b>300.10</b>	\$	<input type="checkbox"/> grant <input type="checkbox"/> match	
If match, identify the type and source:			
Show calculations for the \$ amount.			
<b>400 COMMUNICATION</b>		This category includes costs for all forms of communication.	
<b>400.1 Telephone</b>	\$	<input type="checkbox"/> grant <input type="checkbox"/> match	<i>This includes land line phone, long distance charges, and cell phone plans/service.</i>
If match, identify the type and source:			
Show calculations for the \$ amount.			
<b>400.2 Internet</b>	\$	<input type="checkbox"/> grant <input type="checkbox"/> match	
If match, identify the type and source:			

Show calculations for the \$ amount.			
<b>400.3 Postage</b>	\$	<input type="checkbox"/> grant <input type="checkbox"/> match	
If match, identify the type and source:			
Show calculations for the \$ amount.			
<b>500 TRAVEL</b>		<i>This category includes all program/project related travel, but does not include travel for staff development.</i>	
<b>500.1 Automobile</b>	\$	<input type="checkbox"/> grant <input type="checkbox"/> match	<i>Indicate if volunteers are reimbursed for travel, or if the value is assessed a value and contributed as in-kind.</i>
If match, identify the type and source:			
Identify if vehicle(s) used for program travel are agency or personal. Identify mileage rates used.			
<b>500.2 Insurance</b>	\$	<input type="checkbox"/> grant <input type="checkbox"/> match	<i>Include automobile insurance here if not recovered in the mileage rate or under Operations.</i>
If match, identify the type and source:			
Identify types of travel, e.g. air, automobile. For travel by automobile, identify if vehicle(s) used for program travel are agency or personal. Identify mileage rates used, purpose(s) of travel.			
<b>500.3</b>	\$	<input type="checkbox"/> grant <input type="checkbox"/> match	
If match, identify the type and source:			
Show calculations for the \$ amount.			
<b>500.4</b>	\$	<input type="checkbox"/> grant <input type="checkbox"/> match	
If match, identify the type and source:			
Show calculations for the \$ amount.			

500.5	\$	<input type="checkbox"/> grant <input type="checkbox"/> match						
If match, identify the type and source:								
Show calculations for the \$ amount.								
500.6	\$	<input type="checkbox"/> grant <input type="checkbox"/> match						
If match, identify the type and source:								
Show calculations for the \$ amount.								
<b>600 EQUIPMENT</b>		Equipment means tangible, non-expendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. Organizations may use own definition, provided that such definition would at least include all equipment defined above.						
600.1 Computer	\$ 1,300.00	<input checked="" type="checkbox"/> grant <input type="checkbox"/> match	<i>This may include hardware and software, and printing device used with computers.</i>					
If match, identify the type and source:								
Show calculations for the \$ amount.  <table> <tr> <td>Purchase of 1 laptop, includes basic software</td> <td>\$900.00</td> </tr> <tr> <td>Software to assist with organizing meetings</td> <td>\$250.00</td> </tr> <tr> <td>Portable printer</td> <td>150.00</td> </tr> </table>				Purchase of 1 laptop, includes basic software	\$900.00	Software to assist with organizing meetings	\$250.00	Portable printer
Purchase of 1 laptop, includes basic software	\$900.00							
Software to assist with organizing meetings	\$250.00							
Portable printer	150.00							
600.2 Office Furniture	\$ 1,500.00	<input type="checkbox"/> grant <input checked="" type="checkbox"/> match	<i>This may include desk, chair, bookcase, etc. Rental of office equipment, e.g. copier, may be under Operating.</i>					
If match, identify the type and source: In-kind donation by local office supply company. Assessed value is retail price.								
Show calculations for the \$ amount.  <table> <tr> <td>new desk and chair</td> <td>500.00</td> </tr> <tr> <td>used conference table with 12 chairs</td> <td>1,000.00</td> </tr> </table>				new desk and chair	500.00	used conference table with 12 chairs	1,000.00	
new desk and chair	500.00							
used conference table with 12 chairs	1,000.00							
600.3	\$	<input type="checkbox"/> grant <input type="checkbox"/> match						

If match, identify the type and source:		
Show calculations for the \$ amount.		
600.4	\$	<input type="checkbox"/> grant <input type="checkbox"/> match
If match, identify the type and source:		
Show calculations for the \$ amount.		
600.5	\$	<input type="checkbox"/> grant <input type="checkbox"/> match
If match, identify the type and source:		
Show calculations for the \$ amount.		
600.6	\$	<input type="checkbox"/> grant <input type="checkbox"/> match
If match, identify the type and source:		
Show calculations for the \$ amount.		
<b>700 CONTRACTUAL</b>	This category is for any contract agreement(s) that Applicant plans to enter into as part of the proposed work. This may include contractual services as relevant to the work plan.	
700.1 (Contractor)	\$	<input type="checkbox"/> grant <input type="checkbox"/> match
If match, identify the type and source:		
Refer to Attachment G to describe the calculations for this named contractor.		

<b>700.2 (Contractor)</b>	\$	<input type="checkbox"/> grant	<input type="checkbox"/> match		
If match, identify the type and source:					
Refer to Attachment G to describe the calculations for this named contractor.					
<b>700.3 (Contractor)</b>	\$	<input type="checkbox"/> grant	<input type="checkbox"/> match		
If match, identify the type and source:					
Refer to Attachment G to describe the calculations for this named contractor.					
<b>700.4</b>	\$	<input type="checkbox"/> grant	<input type="checkbox"/> match		
If match, identify the type and source:					
Show calculations for the \$ amount.					
<b>700.5</b>	\$	<input type="checkbox"/> grant	<input type="checkbox"/> match		
If match, identify the type and source:					
Show calculations for the \$ amount.					
<b>700.6</b>	\$	<input type="checkbox"/> grant	<input type="checkbox"/> match		
If match, identify the type and source:					
Show calculations for the \$ amount.					
<b>800 INDIRECT COST</b>	If claiming indirect costs, identify the base used in establishing the rate, state the rate, and show the calculation leading to the budget of indirect costs in this category / line item. Attach a copy of a negotiated rate agreement.				
<b>800.1</b>	\$	10,450.47	<input checked="" type="checkbox"/> grant	<input type="checkbox"/> match	See
If match, identify the type and source:					

Show calculations for the \$ amount.

See Negotiated Rate Agreement attached. The provisional rate of 19.7% is applied to the base (grant salary + fringe benefits = \$53,048.08).  $\$53,048.08 \times .197 = \$10,450.47$

## Attachment J: Line Item Budget

This sample is brief and incomplete, and is intended to illustrate the relationship between the *Personnel Cost Worksheet* (ATTACHMENT H), the *Budget Justification* (ATTACHMENT I), and the *Line Item Budget* (ATTACHMENT J). The categories, line items, and \$ amounts from the *Budget Justification* (ATTACHMENT I) are brought into *Line Item Budget* (ATTACHMENT J).

[illegible]

[illegible]

800.1 provisional 19.7% rate

### Total Expenses